01/31/2007 16:33

Image# 27940120650

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Optometric Association Political Action Committee 1505 Prince Street ADDRESS (number and street) Suite 300 Check if different than previously VA 22314 Alexandria reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00024968 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 28 2006 12 3 1 2006 1 1 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dorothy Hitchmoth, O.D. Type or Print Name of Treasurer Electronically Filed by Dorothy Hitchmoth, O.D. 0 1 3 1 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Report Covering the Period: From:		To: 12 31 2006
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 Y2006		202047.35
(b) Cash on Hand at Begining of Reporting Period	323531.23	
(c) Total Receipts (from Line 19)	55743.04	750579.77
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	379274.27	952627.12
Total Disbursements (from Line 31)	-1723.98	571628.87
Cash on Hand at Close of		
Reporting Period (subtract Line 7 from Line 6(d))	380998.25	380998.25
Debts and Obligations owed TO		
the committee (Itemize all on	0.00	
Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed BY		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

2^D8 м N 1 1 м м 1 2 3^D1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 44462.41 376246.87 (i) Itemized (use Schedule A) 11237.66 368587.76 (ii) Unitemized (iii) TOTAL (add 55700.07 744834.63 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 744834.63 55700.07 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 2500.00 Political Committees 17. Other Federal Receipts 42.97 3245.14 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 55743.04 750579.77 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 55743.04 750579.77 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1776.02	16498.40
	Expenditures(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	1776.02	16498.40
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	-1500.00	549750.00
	Independent Expenditure (use Schedule E)	0.00	0.00
	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	(use Schedule F)		
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	500.00	2830.47
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	500.00	2830.47
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	-2500.00	2550.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	-1723.98	571628.87
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	1700.00	F74000 07
	from Line 31)	-1723.98	571628.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	55700.07	744834.63
34. Total Contribution Refunds (from Line 28(d))	500.00	2830.47
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55200.07	742004.16
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1776.02	16498.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1776.02	16498.40

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 6/86
	EMIZED RECEIPTS		or each category of the	(check only one)	7 440
•			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of solici	ting contributions
or	for commercial purposes, other than using the r	name and ado	dress of any political committee to	solicit contributions from	such committee.
\	NAME OF COMMITTEE (In Full)				
/	American Optometric Association Politi	cal Action (Committee		
۹.	Full Name (Last, First, Middle Initial) Dr Richard J Favreau			Date of Receipt	
	Mailing Address 33 Foxhill Rd			1 1 2 8	2006
	City	State	Zip Code	Transaction ID: 25	5037462
	Lafayette	NJ	07848-3135	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self Employed	Occupation	n Optometry		
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼	0 0	250.00		
3.	Full Name (Last, First, Middle Initial) Dr James A Davis			Date of Receipt	
	Mailing Address 839 16Th Ave East	1 1 D D 2 8	2006		
	City	State	Zip Code	Transaction ID: 25	5056611
	<u>Jerome</u>	ID	83338-1504	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			75.00
	Name of Employer Self Employed	Occupation			
			Optometry	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		225.00		
	Full Name (Last, First, Middle Initial)				
j.	Dr Robert Bruce Grill			Date of Receipt	
	Mailing Address 3359 Willow Way			11 28	2006
	City	State	Zip Code	Transaction ID: 25	5056612
	Twin Falls	ID	83301	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			75.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		225.00		
s	UBTOTAL of Receipts This Page (optional)				400.00
	,		•	-	
Т	OTAL This Period (last page this line number o	nly)	>		

SCHEDULE A (FEC F ITEMIZED RECEIPTS	-	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 86 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such or for commercial purposes, other	Reports and Statements may than using the name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In F American Optometric Ass	,	Committee	
Full Name (Last, First, Middle Dr Steven Snapp Mailing Address 310 Tender City Bellevue FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State ID C Occupation Doctor of Aggregate	Zip Code 83313-5085 Optometry Year-to-Date ▼ 375.00	Date of Receipt M M / D D / Y Y Y Y Y 1 1 2 8 2 0 0 6 Transaction ID: 25056613 Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Dr Frederick P Darin Mailing Address 405 Tirrell City Charlotte FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State MI C Occupation Doctor of Aggregate	Zip Code 48813 Optometry Year-to-Date ▼ 343.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Dr Clifford Lynn Goodman Mailing Address 1953 March City Andover FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State KS C Occupation O.D. Aggregate	Zip Code 67002-9443	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Pa	age (optional))	275.00
TOTAL This Period (last page th	nis line number only)		

_				
S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 86 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	al Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Blaine A Littlefield			Date of Receipt
	Mailing Address 27 Wilderness Drive			11 28 2006
	City	State	Zip Code	Transaction ID: 25056618
	Freeport	ME	04032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self Employed	Occupation	n · Optometry	
	Receipt For:	l	e Year-to-Date ▼	
	Primary General	00 0	· · · · · · · · · · · · · · · · · · ·	1
	Other (specify) ▼	0 0	1450.00	
В.	Full Name (Last, First, Middle Initial) Dr Donald E Stover			Date of Receipt
	Mailing Address 2558 W White Chapel W	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 25057256
	Porterville	CA	93257-6926	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation O.D.	n	
	Receipt For:		e Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify)		400.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr Beryl Christine Bechtold			Date of Receipt
	Mailing Address 8235 Tobiano Dr		11 29 7 2006	
	City	State	Zip Code	Transaction ID: 25057259
	Sacramento	CA	95829-6548	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	n	7
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
_	Other (specify)			
s	UBTOTAL of Receipts This Page (optional)			750.00

COUEDINE A (EEC Form 2V)]		FOR LINE NUMBER: PAGE 9 / 86
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Colin J Kageyama			Date of Receipt
	Mailing Address 5873 Calpine Drive			11 29 2006
	City	State	Zip Code	Transaction ID: 25057260
	San Jose	CA	95123-3706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr Alan E French			Date of Receipt
	Mailing Address P O Box 334			M M / D D / Y Y Y Y
				11 29 2006
	City	State	Zip Code	Transaction ID: 25057261
	Hydesville	CA	95547	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		100.00
	Name of Employer	Occupation	1	
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
C.	Full Name (Last, First, Middle Initial) Dr Richard W Baker			Date of Receipt
	Mailing Address 11 Jason Street			111 29 2006
	City	State	Zip Code	Transaction ID: 25057262
	Arlington	MA	02476-6499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation O.D.	ו	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 - 3-111		1
	Other (specify)		700.00	
			0 0 0 0 0 0 0	4
_	IIDTOTAL of December This Day (1981)			800.00
LS	UBTOTAL of Receipts This Page (optional)		······	

0	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 10 / 86
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	ny information copied from such Reports and Sta	atemente may	y not be sold or used by any person	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	American Optometric Association Foliti	cai Action (Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr Joseph C Mallinger			Date of Receipt
	Mailing Address 28417 Tricia PI			M M / D D / Y Y Y Y
				11 29 2006
	City	State	Zip Code	Transaction ID: 25057265
	Escondido	CA	92026-6666	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
				_
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		2000.00	11
	Other (specify)			1
В.	Full Name (Last, First, Middle Initial) Dr Paresh K Patel			Date of Receipt
υ.				<u> </u>
	Mailing Address 895 Oak Park Drive	11 29 2006		
	City	State	Zip Code	Transaction ID: 25057266
	Morgan Hill	CA	95037-4745	Amount of Each Receipt this Period
	•	071	00007 17 10	Amount of Each recorpt this i chea
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation	1	
	Sell Employed	O.D.		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	1
	Other (specify)		363.00	
C	Full Name (Last, First, Middle Initial) Dr Samuel Pesner			Date of Receipt
٥.	Mailing Address 573 Carla Court			M M / D D / Y Y Y Y
	Walling Address 573 Carla Court			11 29 2006
	City	State	Zip Code	Transaction ID: 25057268
	Mountain View	CA	94040-3731	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		600.00	11
	Other (specify)		000.00	J
_				
				1005.00
s	UBTOTAL of Receipts This Page (optional)			1865.00
\vdash			<u> </u>	-

SCHEDULE A (FEC Form 3X)		Lice concrete cohodule(s)	FOR LINE NUMBER: PAGE 11 / 86
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			330.000
American Optometric Association Polit	ical Action	Committee	
Full Name (Last, First, Middle Initial) A. Dr A. Saul Levine			Date of Receipt
Mailing Address 1048 Savannah Drive			11 29 7 2006
City	State	Zip Code	Transaction ID: 25057270
San Jose	CA	95117-3062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation O.D.	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) 3. Dr Christopher Barry			Date of Receipt
Mailing Address 910 N 32Nd Street			11 29 7 2006
City	State	Zip Code	Transaction ID: 25057271
Renton	WA	98056-2131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self Employed	Occupation		
Receipt For:		f Optometry e Year-to-Date ▼	\dashv
Primary General	, iggi ogaic		1
Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Dr Douglas R Weberling			Date of Receipt
Mailing Address 455 Arlington Avenue			M M / D D / Y Y Y Y
City	State	Zip Code	11 29 2006
City <u>Bristol</u>	VA	24201	Transaction ID: 25057278 Amount of Each Receipt this Period
FEC ID number of contributing			100.00
federal political committee.	C		100.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		e Year-to-Date V	-
Primary General	55 5		1
Other (specify) ▼		350.00	
SUBTOTAL of Receipts This Page (optional)			900.00
TOTAL This Period (last page this line number of	only)	>	

SCHEDULE A (FEC Form 3X)

PAGE 12/86 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt A. Dr Barry A Wineinger Mailing Address 107 Northwood Dr 29 2006 1.1 Zip Code City State Transaction ID: 25057283 Cuero TX 77954-5007 Amount of Each Receipt this Period FEC ID number of contributing 365.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: General Primary 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Morgan Brent Moore Date of Receipt Mailing Address 1520 Chaparral 29 2006 City State Zip Code Transaction ID: 25057285 Burkburnett TX 76354 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Joseph F Wiggins Date of Receipt Mailing Address 1030 Satterwhite Pt Rd 2006 1.1 29 Citv State Zip Code Transaction ID: 25057291 Henderson NC 27537-7892 Amount of Each Receipt this Period FEC ID number of contributing 200.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 765.00 SUBTOTAL of Receipts This Page (optional)

COLLEDIN E A (EEO Form OV)		1		FOR LINE NUMBER: PAGE 13 / 86
3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and Sta	atomonte mov	y not be cold or used by any pers	
or	for commercial purposes, other than using the r	name and add	froit be sold of used by any personal stress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	American Optometric Association Foliti	cai Action (Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr Constance S Mac Queen			Date of Receipt
	Mailing Address 145 E Marion			M M / D D / Y Y Y
				11 29 2006
	City	State	Zip Code	Transaction ID: 25057292
	Elmhurst	IL	60126-3425	Amount of Each Receipt this Period
	FEC ID number of contributing			750.00
	federal political committee.	C		750.00
				_
	Name of Employer Self Employed	Occupation	1	
		O.D.		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	11
	Other (specify)			1
R	Full Name (Last, First, Middle Initial) Dr Clark Lee Seyboth			Date of Receipt
υ.	Mailing Address 50 Cherrywood Ct			M M / D D / Y Y Y Y
	Mailing Address So Cherrywood Ct	11 29 2006		
	City	State	Zip Code	Transaction ID: 25057293
	Hunt Valley	MD	21030-1932	Amount of Each Receipt this Period
	•		2.000.002	
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
		-	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
C	Full Name (Last, First, Middle Initial) Dr Anne K Matsushima			Date of Receipt
٥.	Mailing Address 654 12Th Avenue			M M / D D / Y Y Y Y
	Walling Address 654 12111 Aveilue			29 2006
	City	State	Zip Code	Transaction ID: 25057295
	Honolulu	HI	96816	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		
			Optometry	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	0 0		1
				<u> </u>
				1500.00
Ls	UBTOTAL of Receipts This Page (optional)			1000.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 86
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the i	name and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Dawn Hornberger			Date of Receipt
	Mailing Address 247 E Penn Ave			11 29 2006
	City	State	Zip Code	Transaction ID: 25057296
	Wernersville	PA	19565-1613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) DR MARK W PITTALUGA			Date of Receipt
	Mailing Address 2812 N University Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25057299
	Coral Springs	FL	33065-5010	Amount of Each Receipt this Period
	•		33003-3010	Afflount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer	Occupation	`	_
	Name of Employer Self Employed	Occupation O.D.	I	
	Receipt For:		Year-to-Date ▼	
	Primary General	, iggi ogalo	Total to Buto V	1
	Other (specify)		365.00	
	Full Name (Last, First, Middle Initial)			4
C.	Dr Rhett Hamer Richardson			Date of Receipt
	Mailing Address 373 Goss Lane			11 29 2006
	City	State	Zip Code	Transaction ID: 25057300
	Barnwell	SC	29812-6435	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation O.D.	1	
	Receipt For:		Year-to-Date ▼	_
	Primary General	Ayyıeyale	Toal-to-Date ▼	1
	Other (specify)		300.00	
		0 0		1
٩	UBTOTAL of Receipts This Page (optional)			765.00
\vdash				-

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 / 86
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficacy Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Nicholas A Radetzky			Date of Receipt
	Mailing Address 88 Piermont Rd			11 29 2006
	City	State	Zip Code	Transaction ID: 25057305
	Norwood	NJ	07648-2318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation O.D.	١	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Dr C. Dirk Titus			Date of Receipt
	Mailing Address 1200 Mt Brook Ct			11 29 2006
	City	State	Zip Code	Transaction ID: 25057306
	Greenwood	IN	46143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	1.99.19		1
	Other (specify) ▼	0 0	300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Spencer Vidulich			Date of Receipt
	Mailing Address 4411 N Winchester			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25057308
	Chicago	IL	60640-5808	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
			Year-to-Date ▼	
	Primary General		100'00'	1
	Other (specify) ▼		400.00	
s	UBTOTAL of Receipts This Page (optional)			765.00
\vdash	,		_	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 16 / 86 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Christopher Pau Davolos			Date of Receipt
	Mailing Address 6 Appleton Acres Court			1 1 2 9 2 0 0 6
	City Elkton	State MD	Zip Code 21921-2110	Transaction ID: 25057309 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Jaime Blyskal Marcolini			Date of Receipt
	Mailing Address 4 Village Gate Rd		1 1 2 9 2 0 0 6	
	City	State	Zip Code	Transaction ID: 25057310
	Washington	NJ	07882	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— С.	Full Name (Last, First, Middle Initial) Dr Mark S White			Date of Receipt
	Mailing Address 12809 Houghton			1 1 2 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 25057312
	Dewitt	MI	48820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation		
	Receipt For:	Doctor of	_	
	Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		365.00	
s	UBTOTAL of Receipts This Page (optional)			865.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/86
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Statem	nents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	ress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)			
/	American Optometric Association Political	Action C	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr David Allan Rumpf			Date of Receipt
	Mailing Address 12720 Ne 72			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25057315
	Kirkland	WA	98033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Self Employed 1	occupation		
			Optometry Year-to-Date ▼	-
	Primary General	1ggi egale		
	Other (specify) ▼	0 0	365.00	
3.	Full Name (Last, First, Middle Initial) Dr Eric H H Knutson			Date of Receipt
	Mailing Address 2830 N W Duchess Pl			1 1 2 9 2 0 0 6
	,	State	Zip Code	Transaction ID: 25057318
	Corvallis	OR	97330-3207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Self Employed 1	ccupation		
			Optometry -	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
 C.	Full Name (Last, First, Middle Initial) Dr Leon A Renaud			Date of Receipt
	Mailing Address 174 Redwood Lane			M M / D D / Y Y Y Y
	-	0		11 29 2006
	,	State	Zip Code	Transaction ID: 25057321
		AL	35226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Solf Employed	ccupation		7
Doctor			Optometry	-
	Receipt For: Primary General	aggregate	Year-to-Date ▼	
	Other (specify)		365.00	
s	UBTOTAL of Receipts This Page (optional)			1030.00
T	OTAL This Period (last page this line number only)		•	

_				
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 86 (check only one) X 11a 11b 11c 12
Δ.	winformation coning from such Deports and St	stomonto mo	, not be cold or used by any person	13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr John E Birchmeier			Date of Receipt
	Mailing Address 46760 Rockledge			11 29 7 2006
	City	State	Zip Code	Transaction ID: 25057322
	Plymouth	MI	48170-3430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Self Emp		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Dr Raymond K Greene			Date of Receipt
	Mailing Address 3207 N 22Nd St	1 1 2 9 2 0 0 6		
	City	State	Zip Code	Transaction ID: 25057325
	Coeur D'Alene	ID	83815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Steven Harry Kantor			Date of Receipt
	Mailing Address 4136 W Runion Dr		11 29 2006	
	City	State	Zip Code	Transaction ID: 25057326
	Glendale	AZ	85308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	-	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			665.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 86	
ıT	EMIZED RECEIPTS		or each category of the	(check only one)	
II EIVIIZED NECEIP I 3			Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
7	NAME OF COMMITTEE (In Full)	THE AND AGE	ress or any political committee to	Solicit contributions from such committee.	
$ \rangle$	American Optometric Association Politica	al Action (Committee		
\angle	7 in chean optoment / lescolation / chile	2171011011	501111111100		
Α.	Full Name (Last, First, Middle Initial) Dr Joanne Kundl			Date of Receipt	
Α.	Mailing Address 7030 Sw 82 Ave			M M / D D / Y Y Y Y	
	7030 3W 82 AVE			11 30 2006	
	City	State	Zip Code	Transaction ID: 25057667	
	Miami	FL	33143	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer	Occupation	1	7	
	Self Employed		Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	_ · · ·	365.00	1	
	Other (specify) ▼			J.	
В.	Full Name (Last, First, Middle Initial) Dr Mark Gordon Ryan			Date of Receipt	
	Mailing Address 40 Glenwood Road	M M / D D / Y Y Y Y			
			11 30 2006		
	City	State CT	Zip Code	Transaction ID: 25057669	
	North Branford	06471	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		200.00	
	Name of Employer Self Employed	Occupation	1	7	
	Self Employéd *	Doctor of	Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)		250.00]	
	Full Name (Last, First, Middle Initial)			_	
C.	Dr William W St Vincent, Jr			Date of Receipt	
	Mailing Address 60 Aaron Avenue			11 30 2006	
	City	State	Zip Code	Transaction ID: 25057672	
	Bristol	RI	02809-1248	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.				
	Name of Employer Self Employed	Name of Employer Self Employed Occupation Doctor of Optometry			
	Receipt For:		Year-to-Date V	\dashv	
	Primary General	/ iggi ogato	Tour to Bute V	1	
	Other (specify)		250.00		
			0 0 0 0 0 0 0	1	
	<u>'</u>				
s	UBTOTAL of Receipts This Page (optional)			815.00	
\vdash	•		•	-	

S	CHEDULE A (FEC Form 3X)		Llac concrete cobadula(a)	FOR LINE NUMBER: PAGE 20 / 86
TEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
^ -	information and formation Broads and Old			13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	r not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Wallace B Guerrant, Jr.			Date of Receipt
	Mailing Address 409 Indian Mound Drive			11 30 2006
	City	State	Zip Code	Transaction ID: 25057675
	Mt Sterling	KY	40353-1096	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	450.00	
	Other (specify) ▼	0 0	+50.00	
3.	Full Name (Last, First, Middle Initial) Dr G. Barnard Wilson			Date of Receipt
	Mailing Address 3604 Atwood PI	11 30 4 2006		
	City	State	Zip Code	Transaction ID: 25057680
	Modesto	CA	95355-1304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Self Employed	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	600.00	
	☐ Other (specify) ▼	0 0	0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Dr C. Garry Collins			Date of Receipt
	Mailing Address 409 Royal Crossing			12 01 7 2006
	City	State	Zip Code	Transaction ID: 25087159
	Franklin	TN	37064-8909	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	3333		1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			625.00
_			·	
T	OTAL This Period (last page this line number on	ly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 86 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Kent J Risk Mailing Address 216 Northstone Place City Fayetteville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 28303-5494 on f Optometry e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr John P De Carlo Mailing Address 983 Newfield Avenue City Stamford FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 06905-2594 In a f Optometry 9 Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Dr Teresa A Erickson Mailing Address P O Box 670 City Milton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	1	Zip Code 98354-0670	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)			865.00
т	OTAL This Period (last page this line number or	nlv)	_	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 22 / 86 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
\setminus	NAME OF COMMITTEE (In Full) American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Gregory B Hagedorn			Date of Receipt
	Mailing Address 2315 Sunset Lane			12 05 Y Y Y Y Y Y
	City Henderson	State KY	Zip Code 42420	Transaction ID: 25087242 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
В.	Full Name (Last, First, Middle Initial) Dr Phillip Maroudis			Date of Receipt
	Mailing Address 1810 Creston Place	12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 25087243
	Ashland	KY	41101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.00	
— С.	Full Name (Last, First, Middle Initial) Dr Julie A Metzger			Date of Receipt
	Mailing Address 72 Belmont Ct			12 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25087244
	Florence	KY	41042-8986	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	Name of Employer Self Employed	Occupation		
	Receipt For:	Doctor of	_	
	Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			550.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 86 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may	not be sold or used by any persolates of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Politic	cal Action (Committee	
Full Name (Last, First, Middle Initial) A. Dr Thomas L Lim			Date of Receipt
Mailing Address 1136 Thorntree Court			12 05 7 9 9 9
City	State	Zip Code	Transaction ID: 25092247
San Jose	CA	95120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) 3. Dr Eleanor Wong Hattori			Date of Receipt
Mailing Address 10 Del Robles Ave	12 05 2006		
City	State	Zip Code	Transaction ID: 25092249
Monterey	CA	93940	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Dr Gary L Williams			Date of Receipt
Mailing Address 5001 Follgatter Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 25092251
<u>Bakersfield</u>	CA	93308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		365.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		465.00	
SUBTOTAL of Receipts This Page (optional)			765.00
. 3 (1 /			-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 86 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action (Committee	
A .	Full Name (Last, First, Middle Initial) Dr Peter Jeffery Shoji Mailing Address 1910 Puu Nanea Place City Honolulu FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 96822-1760 n f Optometry e Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr Robert Carl Carl Layman Mailing Address 4937 Homerdale Avenue City State Zip Code Toledo OH 43623-2930 FEC ID number of contributing federal political committee.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		f Optometry e Year-to-Date ▼ 250.00	
D.	Full Name (Last, First, Middle Initial) Dr Daniel J Gordon Mailing Address 19 Sunset Terr City Tenafly FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NJ C Occupation O.D. Aggregate	Zip Code 07670 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			950.00
Т	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25 / 86
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 otalioù Galliniary i ago	13 14 15 16 17
Ar	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		me and add	ress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full)	al Aatian C	Na wa wa ista a	
/	American Optometric Association Politica	ai Action C	committee	
۹.	Full Name (Last, First, Middle Initial) Dr Teruo Watanabe			Date of Receipt
	Mailing Address 3311 S Olaf Hill Dr			12 05 7 2006
	City	State	Zip Code	Transaction ID: 25092266
	Hacienda Heights	CA	91745-6142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	·	Occupation		-
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		
	Other (specify) ▼		365.00	
3.	Full Name (Last, First, Middle Initial) Dr Mark F Gotcher			Date of Receipt
	Mailing Address P O Box 626	12 05 2006		
	City	State	Zip Code	
	Cottage Grove	OR	97424-0027	Transaction ID: 25092271 Amount of Each Receipt this Period
	FEC ID number of contributing		071270027	
	federal political committee.	C		500.00
	Name of Employer	Occupation		-
	Self Employed	•	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		700.00	
	Other (specify)		700.00	
_	Full Name (Last, First, Middle Initial)			Date of Bassist
J.	Dr James Rex Prince Mailing Address 2171 Taylors Creek Rd			Date of Receipt
				12 05 2006
	City	State	Zip Code	Transaction ID: 25092272
	Weems	VA	22516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation	Optometry	
	Receipt For:		Year-to-Date ▼	-
	Primary General	/ iggi ogato		
	Other (specify) ▼	l	500.00	
				1065.00
s	UBTOTAL of Receipts This Page (optional)		<u> </u>	1005.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 26 / 86
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Joseph Michael Hooks			Date of Receipt
	Mailing Address 1629 Kestwick Drive			12 05 2006
	City	State	Zip Code	Transaction ID: 25092273
	Birmingham	AL	35226-2382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	7
	Receipt For:		Year-to-Date ▼	_
	Primary General	1.99.19		1
	Other (specify) ▼		250.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr G. Chad Green			Date of Receipt
	Mailing Address 5960 Co Rd 19			12 05 YYYYY 12006
	City	State	Zip Code	Transaction ID: 25092274
	Linden	AL	36748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation	Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	7 199. 094.0		1
	Other (specify) ▼	0 0	1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr David Philip Duval			Date of Receipt
	Mailing Address 6108 Timberly Rd N			M M / D D / Y Y Y Y Y Y 1 1 2 0 5 2 0 0 6
	City	State	Zip Code	Transaction ID: 25092275
	Mobile	AL	36609	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		500,00	1
	Other (specify)		500.00	
				1==0.00
s	UBTOTAL of Receipts This Page (optional)			1750.00
\vdash			<u>`</u>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 27/86
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X 11a
Δr	ny information copied from such Reports and Statem	ente may	not be sold or used by any perso	
or	for commercial purposes, other than using the name	e and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Political	Action C	Committee	
	Full Name (Last, First, Middle Initial)			B . (B . ;
٩.	Dr Michael Lee Roetman Mailing Address 1002 S Carroll			Date of Receipt
	Mailing Address 1002 S Carroll			12 05 2006
	City	State	Zip Code	Transaction ID: 25092276
	Rock Rapids	IA	51246-2045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer O Self Employed	ccupation	1	1
			Optometry	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		365.00	
	Cultiful (openity)			
3.	Full Name (Last, First, Middle Initial) Dr James Mikeal Wohlgemuth			Date of Receipt
	Mailing Address 210 Betty L Lane			1 2 0 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	P O Box 609	State	Zip Code	Transaction ID: 25092277
		TX	76028-3721	Amount of Each Receipt this Period
	FFC ID somehow of a satisfaction			
	federal political committee.	С		365.00
	Self Employed 1	ccupation		
	,1 ^u		Optometry	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		365.00	
	Full Name (Last, First, Middle Initial) Dr Stewart F Gooderman			Date of Receipt
	Mailing Address 1385 Cayuga Avenue			M M / D D / Y Y Y Y
				12 05 2006
		State	Zip Code	Transaction ID: 25092278
	San Francisco	CA	94112-3317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer O Self Employed		7	
			Optometry	-
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		365.00	
_		0 0		
s	UBTOTAL of Receipts This Page (optional)			1095.00
_	and the second s		······································	
Т	OTAL This Period (last page this line number only)		•	

				_
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 86 (check only one) X 11a 11b 11c 12
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\vdash	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Diana Wicks Hamm			Date of Receipt
	Mailing Address 637 Abo			12 04 2006
	City	State	Zip Code	Transaction ID: 25107659
	Hobbs	NM	88240-3405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation O.D.	١	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr HEIDE L SCHEFFERLY			Date of Receipt
	Mailing Address 5868 Springport Road	12 04 2006		
	City	State	Zip Code	Transaction ID: 25107664
	<u>Jackson</u>	MI	49201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Larry J Bonderud			Date of Receipt
	Mailing Address 497 Ohaire Blvd			12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25108177
	Shelby	MT	59474-1960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)		_	1050.00
1				

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 29 / 86
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)
				X 11a 11b 11c 12
				13 14 15 16 17
۸r	y information copied from such Reports and Sta	ntomonte mov	y not be cold or used by any perc	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	American Optometric Association Folia	cai / totion t	Sommittee	
	Full Name (Last, First, Middle Initial)			
A.	Dr Linda T Arakaki			Date of Receipt
	Mailing Address 99-923 Hulumanu Stree	M M / D D / Y Y Y Y		
		12 05 2006		
	City	State	Zip Code	Transaction ID: 25108178
	Aiea	HI	96701	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		230.00
	Name of Employer	Occupation	2	\dashv
	Name of Employer Self Employed		Optometry	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	7 tggr ogato	real to Bate V	7
	Other (specify) ▼		350.00	
		0 0	0 0 0 0 0 0 0	4
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 367 Marti Marie Dr	M M / D D / Y Y Y Y		
		12 05 2006		
	City	State	Zip Code	Transaction ID: 25108179
	Martinez	CA	94553	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer Self Employed	Occupation	<u> </u>	7
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	1 1	1000.00	1
	Other (specify) ▼		1000.00	
C	Full Name (Last, First, Middle Initial) Dr Keith Carl Miller			Date of Receipt
٠.	Mailing Address 11270 Lima St			M M / D D / Y Y Y Y
	TIZ/O LITTA St			12 05 2006
	City	State	Zip Code	Transaction ID: 25108184
	Henderson	CO	80640	Amount of Each Receipt this Period
	FEC ID number of contributing			450.00
	federal political committee.	C		450.00
	Name of Employer	Occupation	2	\dashv
	Name of Employer Self Employed		Optometry	
	Receipt For:		Year-to-Date V	\dashv
	Primary General	. 1991 09410	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- I
	Other (specify)		450.00	
				4
s	UBTOTAL of Receipts This Page (optional)	1200.00		
\vdash				-

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 86		
ITEMIZED RECEIPTS	or each category of the	(check only one)		
TI LIMIZED RECEIF 13	Detailed Summary Page	X 11a 11b 11c 12		
		13 14 15 16 17		
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam	nents may not be sold or used by any perso e and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)				
American Optometric Association Political	Action Committee			
Full Name (Last, First, Middle Initial) A. Dr Jon Q Montoya		Date of Receipt		
Mailing Address 1401 Aztec Rd Nw		12 05 7 9 9 9		
City	State Zip Code	Transaction ID: 25108189		
Albuquerque	NM 87107-2715	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Self Employed	occupation Octor of Optometry			
	Aggregate Year-to-Date ▼	_		
Primary General				
Other (specify) ▼	1500.00			
Full Name (Last, First, Middle Initial) 3. Dr David B Burnett		Date of Receipt		
Mailing Address 174 Oakridge Dr	Mailing Address 174 Oakridge Dr			
City	State Zip Code	Transaction ID: 25108190		
<u>Farmington</u>	UT 84025	Amount of Each Receipt this Period		
FEC ID number of contributing		205.00		
federal political committee.	C	365.00		
Self Employed 1	ccupation			
	octor of Optometry			
	Aggregate Year-to-Date ▼			
Primary General	365.00			
Other (specify) ▼	000.00			
Full Name (Last, First, Middle Initial)		+		
Dr Shonda D Achord		Date of Receipt		
Mailing Address 41129 Hwy 931		12 05 2006		
City	State Zip Code	Transaction ID: 25108195		
Gonzales	LA 70737-6910	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	100.00		
Name of Employer	Occupation	\dashv		
Self Employed	Octor of Optometry			
	Aggregate Year-to-Date ▼	-		
Primary General	-99-19410 F410 ¥			
Other (specify)	300.00			
	0 0 0 0 0 0 0 0 0			
I				
SUBTOTAL of Receipts This Page (optional)		965.00		
JOBIOTAL of neceipts This Page (optional)				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 86
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Poli	itical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Thomas Edward Dunlap, Jr			Date of Receipt
Mailing Address 809 Lauras Lane Po Drawer 1249			12 05 2006
City	State	Zip Code	Transaction ID: 25108196
Albemarle	NC	28002-1249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Cities (Specify)	0 0	0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial) 3. Dr Cedric H Mitsui			Date of Receipt
Mailing Address 95-054 Hokuiwa St # 222			M M / D D / Y Y Y Y
City	1 2 0 7 2 0 0 6 Transaction ID: 25108919		
Mililani	State HI	Zip Code 96789-1515	Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1	
federal political committee.	C		250.00
Name of Employer Self Employed	Occupation		
Receipt For:		f Optometry e Year-to-Date ▼	\dashv
Primary General	, iggi ogaic		1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr Hulon Houston Pass			Date of Receipt
Mailing Address 1901 Sunset	Mailing Address 1901 Sunset		
City	State	Zip Code	Transaction ID: 25108922
Ft Stockton	TX	79735	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Occupation Self Employed Doctor of Doctor of Self Employed		n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)	1		750.00
1 (-1-1-1-1-1)			-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 86	
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12	
		Botanoa Garrinary Fago	13 14 15 16 17	
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Optometric Association Poli	tical Action	Committee		
Full Name (Last, First, Middle Initial) A. Dr Samuel D Pierce			Date of Receipt	
Mailing Address 4212 Waterford Lane	12 07 2006			
City	State	Zip Code	Transaction ID: 25108924	
Trussville	AL	35173	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Self Employed	Occupation Doctor of	n f Optometry		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		500.00	1	
Other (specify) ▼	0 0		1	
Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson			Date of Receipt	
Mailing Address 9940 S Ashleigh Way	M M / D D / Y Y Y Y			
City	State	Zip Code	12 10 2006	
Highlands Rnch	CO	80126-4244	Transaction ID: 25161809 Amount of Each Receipt this Period	
FEC ID number of contributing		1 1 1 1 1 1		
federal political committee.	C		218.75	
Name of Employer Self Employed	Occupatio	n f Optometry		
Receipt For:		e Year-to-Date ▼	-	
Primary General			1	
Other (specify) ▼		1000.00		
Full Name (Last, First, Middle Initial)				
Dr Jane Ellen Compton			Date of Receipt	
Mailing Address P O Box 1877	Mailing Address P O Box 1877			
City	State	Zip Code	Transaction ID: 25161811	
Taos	NM	87571-1877	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer Self Employed	Occupatio O.D.	n		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		500.00	1	
Other (specify) ▼		000.00	1	
	<u> </u>			
SUBTOTAL of Receipts This Page (optional))	818.75	
			-	

SCHEDULE A (FEC Form 3X)			Llea coparata cabadula(s)	FOR LINE NUMBER: PAGE 33 / 86
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
II EIVIIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Maurice William Geldert			Date of Receipt
	Mailing Address 604 N Kentucky			12 10 2006
	City	State	Zip Code	Transaction ID: 25161812
	Roswell	NM	88201-4820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	500.00	7
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			
В.	Dr Jeffrey A Myers			Date of Receipt
	Mailing Address 4089 Marlowa Drive P O Box 116			12 10 2006
	City	State	Zip Code	Transaction ID: 25161815
	Groveport	OH	43125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		Optometry Year-to-Date ▼	_
	Primary General	Aggregate	rear-to-date V	-
	Other (specify)		625.00	
_				
C.	Full Name (Last, First, Middle Initial) Dr John J Mertzlufft			Date of Receipt
	Mailing Address 9304 Woodbay Drive			12 10 2006
	City	State	Zip Code	Transaction ID: 25161816
	Tampa	FL	33626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		91.25
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼		365.00	
				316.25
SUBTOTAL of Receipts This Page (optional)				
_	OTAL This Period (last page this line number o	nlv)	1	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 34/86	
ITEMIZED RECEIPTS			or each category of the	(check only one)	1 –	
TI LIMIZED RECEIF 13			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17	
۸۰	w information copied from such Benerte and C	totomonto mo	, not be cold or used by any nerge			
or	ly information copied from such Reports and Sifor commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.	
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Optometric Association Politi	tical Action (Committee			
	Full Name (Last, First, Middle Initial)					
A.	Dr Dennis M Brtva			Date of Receipt		
	Mailing Address 57 Pebblebrook Ct			1 2 1 0	2006	
	City	State	Zip Code	Transaction ID: 25		
	Bloomington	IL	61704-6300	Amount of Each Re		
	FEC ID number of contributing		01704 0000	Amount of Laciffic		
	federal political committee.	C			50.00	
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry			
	Receipt For:		e Year-to-Date ▼			
	Primary General		400.00	1		
	Other (specify) ▼		400.00			
В.	Full Name (Last, First, Middle Initial) Dr Freddie M Mayes			Date of Receipt		
	Mailing Address 117 Magnolia Drive			12 10	2006	
	City State		Zip Code	Transaction ID: 25161826		
	Central City	KY	42330	Amount of Each Re		
	FEC ID number of contributing federal political committee.	C			50.00	
	Name of Employer Self Employed	Occupation	n			
	Seif Employed		Optometry			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	' '	400.00			
	Other (specify) ▼	0 0				
C.	Full Name (Last, First, Middle Initial) Dr. Andrea P Thau			Date of Receipt		
	Mailing Address 170 East 83 Street			12 10	2006	
	City	State	Zip Code	Transaction ID: 25	161827	
	New York	NY	10028-1920	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			50.00	
	Name of Employer Self Employed	Occupation Doctor of	n i Optometry			
	Receipt For:		Year-to-Date ▼			
	Primary General		400.00	1		
Other (specify) ▼			400.00			
s	UBTOTAL of Receipts This Page (optional)		150.00			
\vdash						
T	OTAL This Period (last page this line number	only)				

SCHEDULE A (FEC Form 3X)		lles servets selectule(s)	FOR LINE NUMBER: PAGE 35 / 86		
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
I EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12		
			13 14 15 16 17		
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
American Optometric Association Pol	itical Action	Committee			
Full Name (Last, First, Middle Initial) A. Dr James Maxwell Ernst			Date of Receipt		
Mailing Address 14 Bittersweet Dr			12 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 25161828		
Alexandria	KY	41001	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		85.00		
Name of Employer Self Employed		Optometry			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General		680.00			
Other (specify)					
Full Name (Last, First, Middle Initial) 3. Dr Clarke D Newman			Date of Receipt		
Mailing Address 9325 Stratford Way	M M / D D / Y Y Y Y				
	12 10 2006				
City	State	Zip Code	Transaction ID: 25161829		
Dallas	TX	75220-5084	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		84.00		
Name of Employer Self Employed	Occupation				
		f Optometry	_		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
Other (specify)		672.00			
Full Name (Last, First, Middle Initial) Dr Lynn Smith Hammonds			Date of Receipt		
Mailing Address 2725 Smyer Road					
City	State	Zip Code	Transaction ID: 25161831		
Birmingham	AL	35216-1026	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer Self Employed	Occupation Doctor of	n f Optometry			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼		400.00			
SUBTOTAL of Receipts This Page (optional) .	1		219.00		
·		<u> </u>			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 86	
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12	
		Detailed Summary Page	13 14 15 16 17		
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any personess of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Optometric Association Politica	al Action C	Committee		
۹.	Full Name (Last, First, Middle Initial) Dr William W Hately			Date of Receipt	
	Mailing Address 23560 E Moraine Place			12 10 2006	
	City	State	Zip Code	Transaction ID: 25161832	
	Aurora	CO	80016-7055	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer Self Employed	Occupation Doctor of	Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	400.00		
	Carlot (openity) •	0 0		1	
3.	Full Name (Last, First, Middle Initial) Dr John D Coble			Date of Receipt	
	Mailing Address 1501 Sunset Hill	M M / D D / Y Y Y Y			
	City	12 10 2006			
	Rockwall	State TX	Zip Code 75087	Transaction ID: 25161834 Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		50.00	
	Name of Employer Self Employed	Occupation			
	Receipt For:		Optometry Year-to-Date ▼	-	
	Primary General	1 999			
	Other (specify) ▼		350.00		
	Full Name (Last, First, Middle Initial) Dr Mike L Korthals			Date of Receipt	
	Mailing Address 2111 N 8Th St			1 2 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 25161837	
	Clear Lake	IA	50428-1499	Amount of Each Receipt this Period	
Self Employed		C		25.00	
		Occupation Doctor of	Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		225.00		
S	UBTOTAL of Receipts This Page (optional)			125.00	
_					

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 37 / 86
TEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EINIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politica	al Action C	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Alice Sterling			Date of Receipt
	Mailing Address 5727 Canton Cove #111			12 / 10 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25161841
	Winter Springs	FL	32708-5033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		315.00	
	Other (specify)	0 0	313.00	
3.	Full Name (Last, First, Middle Initial) Dr Steven F Tronnes			Date of Receipt
	Mailing Address 1689 N W Hopper St			12 10 2006
	City	State	Zip Code	Transaction ID: 25161843
	Roseburg	OR	97470	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		350.00	
) .	Full Name (Last, First, Middle Initial) Dr Scott L Nehring			Date of Receipt
	Mailing Address 32840 S Meridian Road			12 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25161845
	Woodburn	OR	97071-8768	Amount of Each Receipt this Period
Self Employed		C		50.00
		Occupation Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		200.00	
	Other (specify) ▼		300.00	
	UDTOTAL of Provide Till Bord (18 18 18			145.00
S	UBTOTAL of Receipts This Page (optional)		······	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)		FOR LINE NUMBER: PAGE 38 / 86								
			or each category of the	I `—	(check only one)								
			Detailed Summary Page	<u> </u>	_	Н	11b	Ш	11c			_	
_				Ļ	13	Ш	14	Ш.	15	16			17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ments may ne and add	r not be sold or used by any person dress of any political committee to	on for solic	the pui	pose	ons fro	n s	ng con uch co	mmitte	າຣ ∋.		
\	NAME OF COMMITTEE (In Full)												
/	American Optometric Association Politica	d Action (Committee										
۹.	Full Name (Last, First, Middle Initial) Dr Randy L Andregg						ceipt						
	Mailing Address 11368 W Hickory Hill Ct		1 2	/		D 0	/ Y	200					
	City	State	Zip Code		Transa	actio	n ID:	251	6184	-6			
	Boise	ID	83704		Amou	nt of	Each	Rec	eipt th	is Perio	d		
	FEC ID number of contributing federal political committee.	С			,		-			40	.00		
	Self Employed	Occupation Doctor of	n Optometry										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		280.00										
3.	Full Name (Last, First, Middle Initial) Dr John Rush				Date o	of Re	ceipt						
	Mailing Address Po Box 1108							D 0	/ Y	200	6		
	City	State	Zip Code		Transa	actio	n ID:	251	6184	.7			
	Gold Beach	OR	97444-1108	_	Amou	nt of	Each	Rec	eipt thi	is Perio	d		
	FEC ID number of contributing federal political committee.	С						_		50	.00	_	
	Self Employed	Occupation Doctor of	n Optometry										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		550.00										
•	Full Name (Last, First, Middle Initial) Dr Robert A Sorensen				Date o	of Do	ooint						
<i>J</i> .	Mailing Address 11528 N Avondale Loop				M		D	D	/ Y	ΥΥΥ	V		
	11328 N Avolidate Loop				1 2			0	Ĺ	200			
	City	State	Zip Code		Transa	actio	n ID:	251	6184	.8			
	Hayden	ID	83835-9142							is Perio	d		
	FEC ID number of contributing federal political committee.	C								20	.00		
	Colf Employed '	Occupation Doctor of	n Optometry										
	Primary General		215.00	1									
	Other (specify)		210.00										
					-	_				-	_	_	7
s	UBTOTAL of Receipts This Page (optional)			•						110.	00		
			· ·						_		_		-

COLLEDING A (FEO Forms OV)				FOR LINE NUMBER: PAGE 39 / 86			
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS	or each category of the					
			Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
\rangle	American Optometric Association Politic	cal Action (Committee				
Α.	Full Name (Last, First, Middle Initial) Dr Ronald Ray Guiley			Date of Receipt			
	Mailing Address 1848 Se Bronzewood Av	ve		12 10 7 2006			
	City	State	Zip Code	Transaction ID: 25161849			
	Bend	OR	97702-3303	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry				
	Receipt For:		Year-to-Date ▼				
	Primary General	00 0		1			
	Other (specify) ▼		210.00				
			0 0 0 0 0 0 0				
— В.	Full Name (Last, First, Middle Initial) Dr LeeAnn Barrett			Date of Receipt			
	Mailing Address 1199 E Morgan			M M / D D / Y Y Y Y			
	City	State	Zip Code	12 10 2006			
	•		•	Transaction ID: 25161854			
	Boonville	<u>MO</u>	65233-1336	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer Self Employed	Occupation	n Optometry				
	Receipt For:	1	Year-to-Date V	_			
	Primary General	Aggregate	real-lo-Date V				
	Other (specify)		300.00				
_	Full Name (Last, First, Middle Initial) Dr Terry L Bolen			Date of Receipt			
J .	Mailing Address P O Drawer A			M M / D D / Y Y Y Y			
	Mailing Address P O Drawer A			12 10 2006			
	City	State	Zip Code	Transaction ID: 25161856			
	Schurz	NV	89427	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	00727	50.00			
	Name of Employer Self Employed	Occupation					
	Descipt For:		Optometry Very to Date T	_			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	' '	300.00				
	Other (specify) ▼		555.50				
_							
				100			
s	UBTOTAL of Receipts This Page (optional)			130.00			
\vdash	,			-			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 40 / 86			
•		Use separate schedule(s) or each category of the		(check only one)			
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			Dotailed Caillinally Lage	13 14 15 16 17			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
\rangle	American Optometric Association Politic	cal Action (Committee				
Α.	Full Name (Last, First, Middle Initial) Dr Thomas Annunziato			Date of Receipt			
	Mailing Address 11700 Northview Dr			12 10 2006			
	City	State	Zip Code	Transaction ID: 25161857			
	Aledo	TX	76008-5223	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		50.00			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry				
	Receipt For:		Year-to-Date ▼				
	Primary General	00 0		1			
	Other (specify) ▼		300.00				
				1			
В.	Full Name (Last, First, Middle Initial) Dr Douglas J Walker			Date of Receipt			
	Mailing Address P O Box 988			M M / D D / Y Y Y Y			
				12 10 2006			
	City	State	Zip Code	Transaction ID: 25161858			
	Brookings	OR	97415-0021	Amount of Each Receipt this Period			
	FEC ID number of contributing			50.00			
	federal political committee.	C		50.00			
	Name of Employer	Occupation	1	_			
	Self Employed		Optometry				
	Receipt For:		Year-to-Date ▼				
	Primary General	7 1991 09410		1			
	Other (specify)		350.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr Jack L Hostetler			Date of Receipt			
	Mailing Address 2862 E Canyon Creek C	ourt		12 10 YYYYY 12 10 2006			
	City	State	Zip Code	Transaction ID: 25161860			
	Gilbert	AZ	85234	Amount of Each Receipt this Period			
	FEC ID number of contributing			00.00			
	federal political committee.	C		30.00			
	Name of Employer Self Employed	Occupation					
			Optometry				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		330.00	1			
	Other (specify) ▼		330.00				
_							
				130.00			
S	UBTOTAL of Receipts This Page (optional)			130.00			
\vdash							

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 86
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta	itements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	American Optometric Association Politic	cal Action (Committee	
Δ.	Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III			Date of Receipt
	Mailing Address 1229 Highland Lakes Tr	ail		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25161861
	Birmingham	AL	35242-6886	Amount of Each Receipt this Period
	FEC ID number of contributing		00242 0000	
	federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation	n f Optometry	
	Receipt For:	1	e Year-to-Date ▼	-
	Primary General	30 0		1
	Other (specify)	0 0	550.00	
3.	Full Name (Last, First, Middle Initial) Dr Charlotte F Nielsen			Date of Receipt
	Mailing Address 118 Whitehall Court	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Transaction ID: 25161862	
	<u>Grayslake</u>	IL	Zip Code 60030-3492	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
	Name of Employer	Occupation	n	7
	Self Employed 1	Doctor of	f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)	' '	600.00	
	Other (specify)		0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Dr Teresa M Seim			Date of Receipt
	Mailing Address 7328 Glade Trail			12 10 2006
	City	State	Zip Code	Transaction ID: 25161865
	Kalamazoo	MI	49009-5921	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupation	n	\dashv
	Self Employed		f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		325.00	
	Other (specify) ▼	0 0	323.00	
s	UBTOTAL of Receipts This Page (optional)			180.00
	. 5 . ,		•	
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Llos concrete cobodulo(o)	FOR LINE NUMBER: PAGE 42 / 86
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Mira B B Swiecicki			Date of Receipt
	Mailing Address 450 F Street			12 10 2006
	City	State	Zip Code	Transaction ID: 25161866
	Blaine	WA	98230-4201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		475.00	1
	Other (specify)	0 0	473.00	
В.	Full Name (Last, First, Middle Initial) Dr Gilbert E E Pierce			Date of Receipt
	Mailing Address 8639 Olenbrook Drive	12 10 YYYY 12 10 2006		
	City	State	Zip Code	Transaction ID: 25161867
	Lewis Center	OH	43035-8702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		220.00	1
	Other (specify) ▼		220.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Norman C Johnson			Date of Receipt
	Mailing Address 154 Willow Cove Drive			12 10 2006
	City	State	Zip Code	Transaction ID: 25161868
	Scottsboro	AL	35769-6222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	, iggregate	, i.d., to bate ¥	1
	Other (specify) ▼		520.00	
				95.00
S	UBTOTAL of Receipts This Page (optional)			33.00

C]		FOR LINE NUMBER: PAGE 43 / 86			
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)			
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12			
			Detailed Summary Page	13 14 15 16 17			
۸r	ny information copied from such Reports and Sta	atomonte may	y not be cold or used by any person				
or	for commercial purposes, other than using the i	name and add	lress of any political committee to	o solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
$ \rangle$	American Optometric Association Politi	cal Action (Committee				
\angle	5 H.M						
A.	Full Name (Last, First, Middle Initial) Dr Kevin L Alexander			Date of Receipt			
	Mailing Address 8830 Walnut Trail			12 10 2006			
	City	State	Zip Code	Transaction ID: 25161869			
	Sylvania	OH	43560	Amount of Each Receipt this Period			
	FEC ID number of contributing		1 1 1 1 1 1				
	federal political committee.	C		50.00			
	Name of Employer Self Employed	Occupation	n Optometry	7			
	Receipt For:		Year-to-Date ▼	_			
	Primary General	riggrogato	Tour to Bate V	1			
	Other (specify) ▼		600.00				
				1			
В.	Full Name (Last, First, Middle Initial) Dr Beth A Kneib			Date of Receipt			
	Mailing Address 1515 N 150Th Street	M M / D D / Y Y Y Y					
		12 10 2006					
	City	State	Zip Code	Transaction ID: 25161870			
	Shoreline	WA	98133-6301	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		41.66			
	federal political committee.	<u> </u>					
	Name of Employer Self Employed	Occupation	1	7			
	Self Employed	Doctor of	Optometry				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	' '	458.26	1			
	Other (specify) ▼		100.20				
_	Full Name (Last, First, Middle Initial) Dr Keith C Eldred			Date of Receipt			
U .	Mailing Address 2619 Foothills Road			M M / D D / Y Y Y Y			
	Walling Address 2019 FOOthins Hoad			12 10 2006			
	City	State	Zip Code	Transaction ID: 25161872			
	Cheyenne	WY	82009	Amount of Each Receipt this Period			
	FEC ID number of contributing			20.00			
	federal political committee.	C		20.00			
	Name of Employer Self Employed	Occupation					
			Optometry	_			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		220.00				
	Cario, (opening)		0 0 0 0 0 0 0	1			
ا و	UBTOTAL of Receipts This Page (optional)			111.66			
\vdash	COLOTAL OF HOOOPIO THIS Lage (optional)			-			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 86
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	name and add	dress or any political committee to	Solicit Contributions from Such Committee.
American Optometric Association Politic	tical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Peter H Kehoe			Date of Receipt
Mailing Address 789 N Broad			12 10 7 2006
City <u>Galesburg</u>	State IL	Zip Code 61401	Transaction ID: 25161873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) 3. Dr Markus I Barth			Date of Receipt
Mailing Address 1346 Heller Drive			12 / 10 / 2006
City	State	Zip Code	Transaction ID: 25161874
Yardley	PA	19067-2714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	600.00	
Full Name (Last, First, Middle Initial) Dr John R Pfeifer			Date of Receipt
Mailing Address 2610 Sw 151St PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 25161880
Burien	WA	98166-1639	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			400.00
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45/86
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	c name and add	dress of any political committee to	Solicit Contributions from Sacri Committee.
American Optometric Association Pol	litical Action	Committee	
Full Name (Last, First, Middle Initial) A. David M Eads			Date of Receipt
Mailing Address 314 College Street			12 12 2006
City	State	Zip Code	Transaction ID: 25161881
Somerset 550 IP and the state of the state o	KY	42501-1312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) 3. Dr Thomas A Mebane			Date of Receipt
Mailing Address 200 Walter Ave			12 08 7 2006
City	State	Zip Code	Transaction ID: 25161884
Roanoke Rapids	NC	27870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For:		e Year-to-Date ▼	
Primary General	1	550.00	1
Other (specify)	0 0	030.00	
Full Name (Last, First, Middle Initial) Dr Richard Stephan Deutch			Date of Receipt
Mailing Address 9549 Country Trail			12 07 2006
City	State	Zip Code	Transaction ID: 25162000
Loveland	OH	45140-5566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupatio O.D.	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional) .			450.00
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 46 / 86			
		Use separate schedule(s) or each category of the		(check only one)			
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
An	y information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or		name and add	aress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)		Secretary and				
\angle	American Optometric Association Politi	cal Action (Committee				
Α.	Full Name (Last, First, Middle Initial) Dr Robert G Le Sage			Date of Receipt			
	Mailing Address 1027 Averly Street			1 2 1 1 2 2 0 0 6			
	City	State	Zip Code	Transaction ID: 25162004			
	Ft Myers	FL	33919	Amount of Each Receipt this Period			
	•						
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer Self Employed	Occupation	n Optometry				
	Receipt For:		Year-to-Date ▼				
	Primary General	33 15		1			
	Other (specify) ▼	1	365.00				
В.	Full Name (Last, First, Middle Initial) Dr Donald J Koets			Date of Receipt			
	Mailing Address 124 W 5Th Street South	1		M M / D D / Y Y Y			
		12 11 2006					
	City	State	Zip Code	Transaction ID: 25162006			
	Summerville	SC	29483	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		100.00			
	federal political committee.						
	Name of Employer	Occupation	ı				
	Self Employed 1	Doctor of	Optometry				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		275.00	1			
	Other (specify)	0 0	270.00				
<u> </u>	Full Name (Last, First, Middle Initial) Dr Richard L Wallingford, Jr			Date of Receipt			
J .	Mailing Address 3843 Rockwood Road			M M / D D / Y Y Y Y			
	P O Box 159			12 11 2006			
	City	State	Zip Code	Transaction ID: 25162057			
	Rockwood	ME	04478	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		125.00			
	federal political committee. Name of Employer Self Employed			125.50			
			1				
			Optometry	_			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)	' '	500.00				
	Strict (Specify) \		0 0 0 0 0 0 0	1			
	I						
0	UBTOTAL of Receipts This Page (optional)			590.00			
\vdash	ODITAL OF HOSCIPIO THIS Fage (optional)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 86
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Ronald P Snyder			Date of Receipt
	Mailing Address 2200 Nw 57 St			12 11 2006
	City	State	Zip Code	Transaction ID: 25162061
	Boca Raton	FL	33496-3427	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		91.25
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:		Year-to-Date ▼	7
	Primary General		070.7E	
	Other (specify) ▼	0 0	273.75	
3.	Full Name (Last, First, Middle Initial) Dr Robert L Jarrell, III			Date of Receipt
	Mailing Address 50 Cedar Hill Rd	12 11 2006		
	City	State	Zip Code	Transaction ID: 25162066
	Albuquerque	NM	87122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		Optometry Year-to-Date	_
	Primary General	Aggregate	: Teal-to-Date V	
	Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Zoey K Loomis			Date of Receipt
	Mailing Address 3750 Highway 144			12 14 2006
	City	State	Zip Code	Transaction ID: 25162072
	Weldona	CO	80653-9107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer Self Employed	Occupation		7
	Receipt For:		Optometry Year-to-Date	_
	Primary General	Aggregate	: Teal-to-Date V	1
	Other (specify) ▼	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			341.25
т.	OTAL This Period (last page this line number or	ılv)		
• '		.,,	······	

SCHEDULE A (FEC Form 3X)			Harris and a selection of the selection (s)	FOR LINE NUMBER: PAGE 48 / 86			
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)			
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person of any person of any political committee to	on for the purpose of soliciting contributions			
<u>~</u>	NAME OF COMMITTEE (In Full)	Tarrio aria ade	areas or arry pointed committee to	Soliot contributions from such committee.			
$ \rangle$	American Optometric Association Politi	cal Action (Committee				
	American Optometric Association Foliti	cai Action (Johnmilee				
_	Full Name (Last, First, Middle Initial)						
Α.	Dr David A Wolf			Date of Receipt			
	Mailing Address 6129 Churchill Downs I	Or		12 14 2006			
	City	State	Zip Code	Transaction ID: 25162073			
	West Linn	OR	97068-2535	Amount of Each Receipt this Period			
	FEC ID number of contributing		1 1 1 1 1 1				
	federal political committee.	C		125.00			
	Name of Canalassas	10					
	Name of Employer Self Employed	Occupation O.D.	1				
	Receipt For:		Year-to-Date ▼	_			
	Primary General	7 199. 094.0		1			
	Other (specify) ▼		375.00				
	Full Name (Last, First, Middle Initial)			5. (5			
В.				Date of Receipt			
	Mailing Address 1802 Flournoy Valley R	12 14 2006					
	City	State	Zip Code	Transaction ID: 25162074			
	Roseburg	OR	97470-9792	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		125.00			
	Name of Employer	Occupation	 1	\dashv			
	Self Employed		Optometry				
	Receipt For:	-	Year-to-Date ▼				
	Primary General	1 1	075.00	1			
	Other (specify)		375.00				
_	Full Name (Lock First Middle Letter)						
C.	Full Name (Last, First, Middle Initial) Dr Scott M Walters			Date of Receipt			
	Mailing Address 1025 Nw Regent Drive	M " M / D " D / Y " Y " Y " Y					
	-			12 14 2006			
	City	State	Zip Code	Transaction ID: 25162075			
	Grants Pass	OR	97526-0075	Amount of Each Receipt this Period			
	FEC ID number of contributing	C		125.00			
	federal political committee. Name of Employer Self Employed						
			า				
			Optometry				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		375.00				
	Cutor (openity)	-	0 0 0 0 0 0	1			
Г							
s	UBTOTAL of Receipts This Page (optional)			375.00			
\vdash				-			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 49 / 86
	EMIZED RECEIPTS		or each category of the	(check only one)	-
••			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
Δr	w information conied from such Reports and St	atemente may	y not be sold or used by any nerso		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	American Optometric Association Polit	ical Action (Committee		
A.	Full Name (Last, First, Middle Initial) Dr. James E Powers			Date of Receipt	
	Mailing Address 3727 Camelot Drive	Chaha	7'a Cada	12 14	2006
	City	State VA	Zip Code	Transaction ID: 25	
	Annandale	VA	22003-1306	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		375.00	1	
	Other (specify)	0 0	0,000		
В.	Full Name (Last, First, Middle Initial) Dr Lawrence A Froland			Date of Receipt	
	Mailing Address 14110 Se Fair Oaks W	ay	1 2 D D 1 4	2006	
	City	State	Zip Code	Transaction ID: 25	162077
	<u>Milwaukie</u>	OR	97267-7634	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			100.00
	Name of Employer Self Employed	Occupation	า		
			Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	300.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr Pamela A Lowe			Date of Receipt	
	Mailing Address 6835 Concord Lane			12 14	2006
	City	State	Zip Code	Transaction ID: 25	162078
	Niles	IL	60714-4431	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	-	275.00	1	
	Other (specify)	0 0	375.00		
s	UBTOTAL of Receipts This Page (optional)				350.00
\vdash	·				
T	OTAL This Period (last page this line number of	only)	>		

				_
S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 86
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a
				13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Arthur B Epstein			Date of Receipt
	Mailing Address 501 W Port Royale Ln			12 14 2006
	City	State	Zip Code	Transaction ID: 25162079
	Phoenix	AZ	85023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n i Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		563.50	
В.	Full Name (Last, First, Middle Initial) Dr Daniel J Vidlak			Date of Receipt
	Mailing Address 3883 Riverbanks Rd			12 14 2006
	City	State	Zip Code	Transaction ID: 25162080
	Grants Pass	OR	97527-9648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation O.D.	n	
	Receipt For:		e Year-to-Date ▼	-
	Primary General	7.199.1094.10	Toda to Bate V	1
	Other (specify) ▼	0 0	375.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Roger R Seelye			Date of Receipt
	Mailing Address 5122 Lake Drive			12 14 2006
	City	State	Zip Code	Transaction ID: 25162081
	Owosso	MI	48867-8711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
s	UBTOTAL of Receipts This Page (optional)			500.00
\vdash				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 86 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action C	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Paul J Lobby			Date of Receipt
	Mailing Address Rd 2 Box 245			12 15 2006
	City Ford City	State PA	Zip Code 16226-9802	Transaction ID: 25162087 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1020 0002	125.00
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
3.	Full Name (Last, First, Middle Initial) Dr Donald B Bogue Mailing Address 217 Trailwood Circle			Date of Receipt 1 2 1 5 2 0 0 6
	City Lufkin	State TX	Zip Code 75904-4372	Transaction ID: 25163950 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	7304-4372	365.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 565.00	
) .	Full Name (Last, First, Middle Initial) Dr Tad Robert Kosanovich			Date of Receipt
	Mailing Address 322 Sunset Road			12 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Osprey	State FL	Zip Code 34229-9207	Transaction ID: 25163954 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			690.00

0				FOR LINE NUMBER: PAGE 52/86
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	
_				
or	ny information copied from such Reports and Stator for commercial purposes, other than using the r	atements may name and add	rnot be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Cheryl Sikorski Meyers			Date of Receipt
	Mailing Address 713 Morton St			12 19 2006
	City	State	Zip Code	Transaction ID: 25163956
	Batavia	IL	60510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	7
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		365.00	
В.	Full Name (Last, First, Middle Initial) Dr Bradley David Bearden			Date of Receipt
	Mailing Address 4026 Springland Lane	12 19 2006		
	City	State	Zip Code	Transaction ID: 25163958
	Bellingham	WA	98226-6840	Amount of Each Receipt this Period
		VV/	30220 0040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation		7
			Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
	Full Name (Last First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) Dr Randall K Thomas			Date of Receipt
	Mailing Address 6017 Havencrest Court	12 19 2006		
	City	State	Zip Code	Transaction ID: 25163965
	Concord	NC	28027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	7
	Receipt For:		Year-to-Date ▼	7
	Primary General	22 0		1
	Other (specify) ▼	1	1000.00	
ء	UBTOTAL of Receipts This Page (optional)			1565.00
\vdash				-

0		[FOR LINE NUMBER: PAGE 53 / 86
5(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
۸۳	y information copied from such Reports and Sta	tomonto mov	ract be cold or used by any perce	
or	for commercial purposes, other than using the n	name and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Steven D Koch			Date of Receipt
	Mailing Address 1204 Madison			12 19 2006
	City	State	Zip Code	Transaction ID: 25163972
	Wenatchee	WA	98801-1937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation O.D.	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00	
— В.	Full Name (Last, First, Middle Initial) Dr Richard L L Powell			Date of Receipt
	Mailing Address 820 Manchester Circle	12 19 2006		
	City	State	Zip Code	Transaction ID: 25164305
	Lincoln	NE	68528-1043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		12.50
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Anthony S Diecidue			Date of Receipt
	Mailing Address 300 Mcmichaels Drive			M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
	City	State	Zip Code	Transaction ID: 25164408
	Stroudsburg	PA	18360-9149	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			562.50

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 86 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Politica	al Action C	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Matthew Allan Jones			Date of Receipt
	Mailing Address E 2320 39Th			12 19 2006
	City	State	Zip Code	Transaction ID: 25164411
	Spokane	WA	99223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed		Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr Michael Douglas Jones			Date of Receipt
٥.	Mailing Address 565 Autumn Bluff Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25164412
	Ellisville	MO	63021-5962	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
D.	Full Name (Last, First, Middle Initial) Dr Mark C Ward			Date of Receipt
	Mailing Address 625 Grabruck			12 19 2006
	City Danville	State KY	Zip Code 40422-2200	Transaction ID: 25164413
	FEC ID number of contributing		40422-2200	Amount of Each Receipt this Period
	federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation O.D.		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		300.00	
S	UBTOTAL of Receipts This Page (optional)			700.00
			<u>-</u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 86 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Nathalie Cassis			Date of Receipt
	Mailing Address 611 Raleigh Ave #1			1 2 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25164415
	Norfolk FEC ID number of contributing federal political committee.	C	23507-2014	Amount of Each Receipt this Period 150.00
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
3.	Full Name (Last, First, Middle Initial) Dr Lawrence Jay Jay Barger Mailing Address 4593 Stagecoach Trail			Date of Receipt 1 2 1 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 25164416
	Copley FEC ID number of contributing federal political committee.	ОН	44321	Amount of Each Receipt this Period 200.00
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	
) .	Full Name (Last, First, Middle Initial) Dr Joseph Bannon			Date of Receipt
	Mailing Address 211 Greentree Dr			12 19 2006
	City	State OH	Zip Code	Transaction ID: 25164458
	Saint Clairsville FEC ID number of contributing federal political committee.	C	43950-1443	Amount of Each Receipt this Period 125.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			475.00
			<u>`</u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 86 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	cal Action (Committee	
А.	Full Name (Last, First, Middle Initial) Dr Jamie Archer Bennett Mailing Address 946 Briarwood City Bartlesville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Marie Tartibi		Zip Code 74006 7 Optometry e Year-to-Date ▼ 500.00	Date of Receipt M M
.	Mailing Address 1218 Northern Way City Winter Springs FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		Zip Code 32708 Toptometry Year-to-Date ▼ 250.00	Transaction ID: 25164460 Amount of Each Receipt this Period 100.00
5.	Full Name (Last, First, Middle Initial) Dr Charles P Gilchrist, III Mailing Address P O Box 1137 City Tappahannock FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State VA C Occupation O.D. Aggregate	Zip Code 22560-1137 • Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			540.00
T	OTAL This Period (last page this line number or	nlv))	

0	COUEDINE A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 57 / 86	
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
Δr	y information copied from such Reports and Sta	ntomonte mou	y not be cold or used by any perce		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Optometric Association Politi	cal Action (Committee		
	American Optometric Association Folia	cai Action (Sommittee		
	Full Name (Last, First, Middle Initial)				
A.	Dr Erin Rene Miller			Date of Receipt	
	Mailing Address 9570 S Vandecar Road			M M / D D / Y Y Y Y	
				12 21 2006	
	City	State	Zip Code	Transaction ID: 25164637	
	Shepherd	MI	48883-9548	Amount of Each Receipt this Period	
	FEC ID number of contributing			500.00	
	federal political committee.	C		500.00	
	Name of Employer Self Employed	Occupation			
			Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)		300.00		
ь	Full Name (Last, First, Middle Initial)			Data of Bassist	
В.	Dr Paul William Heersink			Date of Receipt	
	Mailing Address 2094 West Hwy 160	12 21 2006			
	City	State	Zip Code		
	•	CO	·	Transaction ID: 25164638	
	Monte Vista		81144	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		500.00	
	federal political committee.				
	Name of Employer	Occupation	า		
	Self Employed 1	O.D.			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	1	1000.00		
_	Full Name (Last, First, Middle Initial)				
C.	Dr Albert J Hoffman			Date of Receipt	
	Mailing Address 966 Lincoln Drive			M M / D D / Y Y Y Y	
				12 21 2006	
	City	State	Zip Code	Transaction ID: 25164639	
	Conneaut	OH	44030	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.			255.55	
	Name of Employer	Occupation	า	\dashv	
	Self Employed		Optometry		
	Receipt For:		Year-to-Date ▼	\dashv	
	Primary General	, iggi ogale		1	
	Other (specify)		450.00		
			1 1 1 1 1 1 1	4	
	L				
。	UBTOTAL of Receipts This Page (optional)			1250.00	
\vdash	ODIVIAL OF RECEIPES THIS Page (Optional)				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 58 / 86
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		_	
\angle	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Matthew R Cannon			Date of Receipt
	Mailing Address 242 Vista Falls Road			12 21 2006
	City	State	Zip Code	Transaction ID: 25164642
	Arden	NC	28704-7415	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Dr Michael A Chaglasian			Date of Receipt
	Mailing Address 1121 Terrace Ct			M M / D D / Y Y Y Y
				12 21 2006
	City	State	Zip Code	Transaction ID: 25164643
	<u>Deerfield</u>	<u> </u>	60015-4832	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			500.00
	Name of Employer	Occupation	1	_
	Self Employed 1	O.D.		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	500.00	1
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr E. Dennis Chinn			Date of Receipt
	Mailing Address 2067 W Via Lante			12 21 2006
	City	State	Zip Code	Transaction ID: 25164644
	Fresno	CA	93711	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify)		300.00	
				205.22
s	UBTOTAL of Receipts This Page (optional)			965.00
\vdash				-

_				
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 86 (check only one)
			Detailed Guillinary Fage	13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Political	al Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Nelson C Klaus, Jr			Date of Receipt
	Mailing Address 833 Shinn Point Road			12 21 2006
	City	State	Zip Code	Transaction ID: 25164648
	Wilmington	NC	28409-2113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	730.00	
В.	Full Name (Last, First, Middle Initial) Dr Larry J Motacek			Date of Receipt
	Mailing Address 230 19Th Ave Ne	1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 25170801
	Jamestown	ND	58401-3935	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Gregory M O'Connor			Date of Receipt
	Mailing Address 5785 Oak Bank Trail, #10	12 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 25170803
	Agoura Hills	CA	91377-5632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation O.D.	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
S	UBTOTAL of Receipts This Page (optional)			865.00

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 86
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EMIZED RECEIP 13	Detailed Summary Page		X 11a 11b 11c 12
			,	13 14 15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politica	l Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Julie Kay Kueker			Date of Receipt
	Mailing Address 11901 Westwood Lane			12 22 2006
	City	State	Zip Code	Transaction ID: 25170810
	Highland	<u>IL</u>	62249-3863	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Self Employed	Occupation Doctor of	n Optometry	
			Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Dr Richard C Edlow			Date of Receipt
	Mailing Address 8913 Griffin Way			12 30 YYYYY 12 30 2006
	City	State	Zip Code	Transaction ID: 25191720
	Baltimore	MD	21208-1424	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Self Employed 1	Occupatior Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr David B Seibel			Date of Receipt
	Mailing Address 5649 Butler Hill Road			1 2 2 8 2 0 0 6
	City	State	Zip Code	Transaction ID: 25207784
	St Louis	MO	63128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed			
			Optometry Year-to-Date ▼	
	Primary General	33 3		1
	Other (specify) ▼	0 0	500.00	
Γ				1300.00
S	UBTOTAL of Receipts This Page (optional)		······	1000100

				FOR LINE NUMBER: PAGE 61 / 86							
3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)							
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12							
			Detailed Summary Page								
_											
or	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	rnot be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
\setminus	NAME OF COMMITTEE (In Full)										
\rangle	American Optometric Association Politi	ical Action (Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Craig M Brawley			Date of Receipt							
	Mailing Address 2615 Wessex Dr			12 28 YYYY 2006							
	City	State	Zip Code	Transaction ID: 25207785							
	St Louis	MO	63125	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Name of Employer Self Employed	Occupation Doctor of	n Optometry								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
	Full Name (Last, First, Middle Initial)										
В.	Dr Christina W Lam			Date of Receipt							
	Mailing Address 3132 Seaport Circle			12 28 2006							
	City	State	Zip Code	Transaction ID: 25207787							
	Anchorage	AK	99515	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation Doctor of	n Optometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		250.00]							
— С.	Full Name (Last, First, Middle Initial) Ms Noel Brazil			Date of Receipt							
	Mailing Address 1505 Prince Street Suite 300			12 28 2006							
	City	State	Zip Code	Transaction ID: 25207788							
	Alexandria	VA	22314-2852	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation O.D.	1								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		050.00	1							
	Other (specify) ▼	0 0	250.00								
г											
,	LIPTOTAL of Possints This Page (entire all			1000.00							
\vdash	SUBTOTAL of Receipts This Page (optional)										

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 86							
	EMIZED RECEIPTS		or each category of the	(check only one)							
•	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17							
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions							
$\overline{}$	NAME OF COMMITTEE (In Full)										
\rangle	American Optometric Association Politica	al Action C	Committee								
۹.	Full Name (Last, First, Middle Initial) Dr Douglas Curtis Clark			Date of Receipt							
	Mailing Address 2530 Woodfern Cir			12 28 2006							
	City	State	Zip Code	Transaction ID: 25207790							
	Birmingham	AL	35244-6405	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		365.00							
	Name of Employer Self Employed	Occupation O.D.									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		730.00								
3.	Full Name (Last, First, Middle Initial) Dr Douglas Walter Batchelder			Date of Receipt							
	Mailing Address 830 Meadowbrook Drive	12 28 2006									
	City	State Zip Code									
	Mt Pleasant	MI	48858-9594	Amount of Each Receipt this Period 500.00							
	FEC ID number of contributing federal political committee.	C									
	Name of Employer Self Employed	Occupation O.D.									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼	0 0	500.00								
).	Full Name (Last, First, Middle Initial) Mr Larry Benton, Exc Dir			Date of Receipt							
	Mailing Address 25095 Homedale Road			12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: 25208694							
	Wilder	ID	83676	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		50.00							
	Name of Employer Self Employed		Optometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		300.00								
s	UBTOTAL of Receipts This Page (optional)			915.00							
	<u> </u>										

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 86								
	EMIZED RECEIPTS		or each category of the	(check only one)								
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12								
				13 14 15 16 17								
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.								
\setminus	NAME OF COMMITTEE (In Full)											
\rangle	American Optometric Association Politic	cal Action	Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Blaine A Littlefield			Date of Receipt								
	Mailing Address 27 Wilderness Drive			12 29 2006								
	City	State	Zip Code	Transaction ID: 25208697								
	Freeport	ME	04032	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		50.00								
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry									
	Receipt For:		e Year-to-Date ▼									
	Primary General	00 0		1								
	Other (specify) ▼	0 0	1500.00									
_	Full Name (Last, First, Middle Initial)											
В.	Dr Hulon Houston Pass			Date of Receipt								
	Mailing Address 1901 Sunset			12 28 2006								
	City	Zip Code	Transaction ID: 25215495									
	Ft Stockton	TX	79735	Amount of Each Receipt this Period								
	FEC ID number of contributing											
	federal political committee.	C		250.00								
	Name of Employer Self Employed	Occupation										
	Sell Employed	Doctor of	f Optometry									
	Receipt For:	Aggregate	e Year-to-Date ▼									
	Primary General Other (specify) ▼		500.00									
_	Full Name (Last, First, Middle Initial)											
C.	Dr Earl M Pollock			Date of Receipt								
	Mailing Address 3005 Meredith Dr.			12 28 2006								
	City	State	Zip Code	Transaction ID: 25215510								
	Portsmouth	VA	23703-4516	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		250.00								
	Name of Employer Self Employed	Occupation O.D.	n	7								
	Receipt For:	Aggregate	e Year-to-Date ▼	7								
	Primary General	1 1	250.00	1								
	Other (specify) ▼	1										
_	LIPTOTAL of Possints This Poss (astisus)		-	550.00								
L	UBTOTAL of Receipts This Page (optional)											

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 86								
	EMIZED RECEIPTS		or each category of the	(check only one)	, <u> </u>							
••	LIMIZED REGEN TO		Detailed Summary Page	X 11a 11b	11c 12							
Δ	winformation and them and Department and Ch			13 14	15 16 17							
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions from	ang contributions such committee.							
	NAME OF COMMITTEE (In Full)		71									
$ \rangle$	American Optometric Association Politi	cal Action (Committee									
	Full Name (Last, First, Middle Initial)											
Α.	Dr Ezra E Cohen			Date of Receipt								
	Mailing Address 861 East 9Th Street			12 28	2006							
	City	State	Zip Code	Transaction ID: 25								
	Brooklyn	NY	11223	Amount of Each Re								
	FEC ID number of contributing			7 Amount of Edon No	 							
	federal political committee.	C			500.00							
	Name of Employer Self Employed	Occupation										
	Receipt For:		Optometry Year-to-Date	_								
	Primary General	Aggregate	rtear-to-Date V	,								
	Other (specify)		1000.00									
	Full Name (Last, First, Middle Initial)											
В.				Date of Receipt								
	Mailing Address 1148 Huntsmoor Drive			1 2 2 8	2006							
	City	State	Zip Code									
	Gastonia	NC	28054-7205	Transaction ID: 25								
		INC	20034-7203	Amount of Each Re	ceipt this Period							
	FEC ID number of contributing federal political committee.	C			500.00							
	Name of Employer Self Employed	Occupation										
			Optometry									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,								
	Other (specify)	' '	500.00									
	outsi (opesity) \	0 0	1 1 1 1 1 1 1	1								
_	Full Name (Last, First, Middle Initial)											
C.	Dr Joel T Postma			Date of Receipt								
	Mailing Address 8806 53Rd Street Court	W		12 28	2006							
	City	State	Zip Code	Transaction ID: 25								
	University Plc	WA	98467-1748	Amount of Each Re								
			30407 1740	Amount of Lacif Re								
	FEC ID number of contributing federal political committee.	C			250.00							
	·	1.										
	Name of Employer Self Employed	Occupation										
	Receipt For:	-	Optometry	_								
	Primary General	Aggregate	Year-to-Date ▼	,								
	Other (specify)		250.00									
	V 1 → 27/ ▼	-		1								
s	UBTOTAL of Receipts This Page (optional)				1250.00							
	, , , , , , , , , , , , , , , , ,		•	-								
T	OTAL This Period (last page this line number o											

C	COUEDINE A /EEO Form OV)			FOR LINE NUMBER: PAGE 65 / 86							
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)							
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12							
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$							
Δr	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso								
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.							
abla	NAME OF COMMITTEE (In Full)										
\rangle	American Optometric Association Politic	cal Action (Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Amy M Postma			Date of Receipt							
	Mailing Address 8806 53Rd Street Court	W		12 28 2006							
	City	State	Zip Code	Transaction ID: 25215543							
	University Plc	WA	98467	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation Doctor of	n Optometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		450.00	1							
	Other (specify)		450.00								
_											
В.	Full Name (Last, First, Middle Initial) Dr Maurice E Zadeh			Date of Receipt							
	Mailing Address 4498 Chattahoochee Plu	n Dr		12 29 2006							
	City	State	Zip Code	Transaction ID: 25216590							
	<u>Marietta</u>	GA	30067-4672	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		100.00							
	Name of Employer Self Employed	Occupation	Optometry	7							
	Receipt For:	1	Year-to-Date ▼	_							
	Primary General	7.99.094.0	Tour to Buto V	1							
	Other (specify)		250.00								
				1							
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr Anne F Meccariello			Date of Receipt							
	Mailing Address 9415 Onion Patch Drive	•		12 29 2006							
	City	State	Zip Code	Transaction ID: 25216592							
	Burke	VA	22015	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		200.00							
	Name of Employer Self Employed	Occupation Doctor of	Optometry	7							
	Receipt For:		Year-to-Date ▼	_							
	Primary General	33 - 3 - 3 - 3		1							
	Other (specify) ▼		550.00								
	UBTOTAL of Receipts This Page (optional)			550.00							
\vdash	CDI TIAL OF TOOCIPIO THIS T age (optional)										

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 86 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Forrest B Messerschmidt Mailing Address 4104 Blackerby Street City Juneau FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State AK C Occupation O.D. Aggregate	Zip Code 99801-9535	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr Alan Kyle Bugg Mailing Address 1022 S Miles Avenue City Union City FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 38261-5432 To optometry e Year-to-Date ▼ 2500.00	Date of Receipt M M M / 29 / 2006 Transaction ID: 25216597 Amount of Each Receipt this Period 1000.00
D.	Full Name (Last, First, Middle Initial) Dr Alan G Peaslee Mailing Address 4507 Wellington Woods City Hahira FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State GA C Occupation Doctor of	Zip Code 31632-3109 To Coptometry Per Year-to-Date ▼ 365.00	Date of Receipt M M / 29 / 2006 Transaction ID: 25216599 Amount of Each Receipt this Period 365.00
s	UBTOTAL of Receipts This Page (optional)		······•	1615.00
Т	OTAL This Period (last page this line number on	lv)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 67 / 86					
ITEMIZED RECEIPTS		or each category of the	(check only one)					
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and St.	atements may	v not be sold or used by any perso	n for the purpose of soliciting contributions					
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
American Optometric Association Politi	ical Action (Committee						
Full Name (Last, First, Middle Initial)								
A. Dr Ron W Roelfs			Date of Receipt					
Mailing Address 600 3Rd St Se			M M / D D / Y Y Y Y					
011	01-1-	7'- 0-4-	12 31 2006					
City Waverly	State IA	Zip Code	Transaction ID: 25216677					
•		50677-3516	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		93.00					
Name of Employer	Occupation	n	-					
Name of Employer Self Employed		f Optometry						
Receipt For:	Aggregate	e Year-to-Date ▼						
Primary General	1 1	341.00						
Other (specify) ▼	0 0							
Full Name (Last, First, Middle Initial)								
Dr Edmundo C Fimbres			Date of Receipt					
Mailing Address 25 San Juan Dr			12 31 2006					
City	State	Zip Code	Transaction ID: 25216679					
Salinas	CA	93901-3036	Amount of Each Receipt this Period					
FEC ID number of contributing	C		250.00					
federal political committee.	C		230.00					
Name of Employer Self Employed	Occupation	n	7					
Self Employed	O.D.							
Receipt For:	Aggregate	e Year-to-Date ▼						
Primary General Other (specify) ▼		450.00						
Cuter (specify)	0 0	0 0 0 0 0 0 0	1					
Full Name (Last, First, Middle Initial)			Date of Receipt					
Dr Joseph H Phillips Mailing Address 13308 Cedar Trail			Date of neceipt					
			12 03 2006					
City	State	Zip Code	Transaction ID: 25394357					
Oklahoma City	OK	73131	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		0.00					
Name of Employer Self Employed	Occupation	n f Optometry						
Receipt For:		e Year-to-Date V	- IMPAG ITEM					
Primary General	7.99.094.0		[MEMO ITEM] Refund(s) on Schedule B					
Other (specify) ▼		750.00	Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$75-					
			0.00					
SUBTOTAL of Receipts This Page (optional)			343.00					
		······						
TOTAL This Period (last page this line number of	only)	>	44462.41					

	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE	NUMBER: PAGE 68 / 86	PAGE 68/86						
IT 	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 2 28a 28b 28c 29	26 30b						
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										
	NAME OF COMMITTEE (In Full) American Optometric Association Political										
_	Full Name (Last, First, Middle Initial)			Transaction ID: 25320867							
A.	Bank of America			Date of Disbursement							
	Mailing Address PO Box 790251			1 1 1 D 2 8 Y 2 0 0 6 Y							
		State Zip Code MO 63179		Amount of Each Disbursement this Period	od						
	Purpose of Disbursement American Express Fee 11/28/06		001	5.70							
	Candidate Name	Category/ Type									
	Office Sought: House Disburse Senate President State: District:	1,700	American Express Fee 11/2- 8/06								
_	Full Name (Last, First, Middle Initial)			Transaction ID: 25086962							
В.	Bank of America			Date of Disbursement							
	Mailing Address PO Box 790251		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
	•	State Zip Code MO 63179		Amount of Each Disbursement this Period	od						
	Purpose of Disbursement Discover Fee 12/1/06		001	36.30	Ш						
	Candidate Name		Category/ Type								
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		Discover Fee 12/1/06							
C.	Full Name (Last, First, Middle Initial) Bank of America			Transaction ID: 25320864 Date of Disbursement							
	Mailing Address PO Box 790251			12 7 0 1 7 2 0 0 6							
		State Zip Code MO 63179		Amount of Each Disbursement this Period	od						
	Purpose of Disbursement Bank of America Service Fee 12/01/06		001	811.90							
	Candidate Name		Category/ Type								
	Office Sought: Senate President State: Disburse	ement For: Primary General Other (specify)		Bank of America Service Fee 12/01/06							
				853.90	$\overline{}$						
	UBTOTAL of Disbursements This Page (optional) . OTAL This Period (last page this line number only)				닉						
1 '					_						

SCILLOCLE D (I LOI OIIII 3X)	Use seperate schedule(s)		NE NUMBE only one)	: NUMBER: PAGE 69 / 86 lv one)							
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b				
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam							IS				
NAME OF COMMITTEE (In Full)	e and address of any political col	minitee to	SOIICIT COITI	IIIDULIOIIS II	OIII SUCII	Johnnillee					
American Optometric Association Politica	Action Committee										
Full Name (Last, First, Middle Initial)			Trans	saction ID	: 253208	365					
A. Bank of America			Date of Disbursement M 2 M / D D D / Y 2 0 0 6								
Mailing Address PO Box 790251											
City St. Louis	State Zip Code MO 63179		Amount of Each Disbursement this Period								
Purpose of Disbursement	03179					0.	01				
Bank of America Service Fee 12/01/06		001									
Candidate Name		Category/ Type									
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)		Bank of America Service Fee 12/01/06								
State: District:											
Full Name (Last, First, Middle Initial) Bank of America				saction ID		368					
- Dank of America			M		0 6	Y Y Y	Y				
Mailing Address PO Box 790251			1 2		0 6	žoŏe	6				
City St. Louis	State Zip Code MO 63179		Amoi	unt of Eacl	n Disburse	ement this f	Period				
Purpose of Disbursement						109.	44				
American Express Fee 12/06/06		001									
Candidate Name		Category/ Type									
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		American Express Fee 12/0-6/06								
Full Name (Last, First, Middle Initial)			Trans	saction ID	: 253208	370					
Bank of America			Date	of Disburs							
Mailing Address PO Box 790251			1 1 2	M / D	11	žoŏe	3 Y				
City St. Louis	State Zip Code MO 63179		Amo	unt of Eacl	n Disburse	ement this f	Period				
Purpose of Disbursement American Express Fee 12/11/06	Г	001	L.			19.	13				
Candidate Name		Category/ Type									
Office Sought: House Disburs Senate	ement For: Primary General		Amei 1/06	rican Exp	ress Fee	12/1-					
President State: District:	Other (specify) ▼										
SUBTOTAL of Disbursements This Page (optional)						128.	58				
TOTAL This Period (last page this line number only											
TOTAL THIS I GHOW (last page this line humber only											

SCHEDOLL B (I LCI OIIII 3X)		Use seperate schedule(s)			OR LINE		:R:			PAGE /0 / 86				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X	- <u>-</u>	22 28a		23 28b	\square	24 28c	25 29	26 30b		
	y Information copied from such Reports and State											ns		
or	for commercial purposes, other than using the nan	ne and address of any politica	u com	ımı	ittee to soil	cit conti	ribut	ions tro	om su	cn com	ımıttee			
$ \rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politica	Action Committee												
	American Optometric Association Folitica	i Action Committee												
Α.	Full Name (Last, First, Middle Initial)									55332				
Α.	Wachovia Non Corporate					Date of Disbursement								
	Mailing Address 1650 Tyson Blvd.					12 M / D D / Y Y O O 6 Y								
	City	State Zip Code				Amou	ınt o	f Each	Disbu	urseme	nt this	Period		
	McLean	VA 22102						-		•	730.	50		
	Purpose of Disbursement Wachovia Bank Fee 12/11/06			00	01		0		-	-	700.	50		
	Candidate Name	gory/												
		ре												
	Office Sought: House Disburs	sement For:				Wach	novi	a Ban	ık Fe	e 12/1	1/06			
	President	Primary General Other (specify) ▼												
	State: District:													
_	Full Name (Last, First, Middle Initial)							Transaction ID: 25320872						
B.	Bank of America						_	isburs						
	Mailing Address PO Box 790251					1 ^M 2	М	/ 1	2 /	Y	žoŏ	6 ^Y		
	City	State Zip Code				Amou	ınt o	f Each	Disbu	urseme	nt this	Period		
	St. Louis MO 63179 Purpose of Disbursement								-	•	6	73		
	American Express Fee 12/12/06	01				-	-	0.	70					
	Candidate Name	Ca	ate	gory/										
	Office Sought: House Disburs	sement For:		IУ	pe									
	Senate Disbuts	Primary General				Amer 2/06	ica	า Ехрі	ress F	Fee 12	2/1-			
	President	Other (specify) ▼				2,00								
	State: District:													
C.	Full Name (Last, First, Middle Initial) Bank of America							ion ID:		20866				
						М	м				Y Y	Y		
	Mailing Address PO Box 790251					1 2		1	5	L.	ž 0 ŏ	6		
	City St. Louis	State Zip Code MO 63179				Amou	ınt o	f Each	Disbu	urseme	nt this	Period		
	Purpose of Disbursement	- WO 173			-						27.	33		
	Bank of America Service Fee 12/15/06 Candidate Name	Ca		gory/										
	Office Sought: House Disburs	sement For:		_	-	Rook	of .	Amori	02 C1	anvica				
	Senate	Primary General				Fee 1			ua se	ervice				
	President State: District:	Other (specify)												
	State. District.						_							
s	UBTOTAL of Disbursements This Page (optional)	l			•						764.	56		
								-		-				
Т	OTAL This Period (last page this line number only	′)				L.								

SCHEDOLL B (I LCI OIIII 3X)		Use seperate schedule(s)					: NUMBER: PAGE / ly one)						/1/	1 / 86	
ITEMIZED DISBURSEMENTS	S for e	for each category of the Detailed Summary Page			21b 27	\bigcap 2	22 28a		23 28b		24 28c	P	25 29	26 30k	
Any Information copied from such Reports an														IS	
or for commercial purposes, other than using	the name and a	ddress of any politica	al com	ımı	ttee to	SOLICIT	contr	ibut	ions fi	rom s	such (comn	nittee		
NAME OF COMMITTEE (In Full)	Calitical Action	n Committon													
American Optometric Association F	OIILICAI ACLIOI	1 Committee													
Full Name (Last, First, Middle Initial) A. Bank of America									on ID	_		30			
A. Bank of America						Date of Disbursement								Y	
Mailing Address PO Box 790251						12 M / D 15 / Y 2006 Y									
City St. Louis	State MO	Zip Code 63179				А	mou	nt o	f Each	n Dis	burse	emen	t this	Period	
Purpose of Disbursement	IVIO	03179	Ι			- [2.	85	
•	American Express Fee 12/15/06 001								-				-		
Candidate Name	gory/														
Office Sought: House															
Full Name (Last, First, Middle Initial)								:	ID	- OF	2051				
B. Bank of America							ate c		ion ID isburs	eme			· · · · · ·	Y	
Mailing Address PO Box 790251							1 2		, L	16	Ľ	2	οŏ	3	
City St. Louis	State MO	Zip Code 63179				_ A	mou	nt o	f Each	n Dis	burse	emen		Period	
Purpose of Disbursement American Express Fee 12/16/06 001							_	-				_	1.	19	
Candidate Name	gory/														
Office Sought: Senate President State: District:	Senate Primary General President Other (specify) ▼								American Express Fee 12/1- 6/06						
Full Name (Last, First, Middle Initial)										- 05					
C. Bank of America									on ID			3/5			
Mailing Address PO Box 790251						1	^M 2	М	/ D	20		ž	οŏ	3 ^Y	
City St. Louis	State MO	Zip Code 63179				А	mou	nt o	f Each	n Dis	burse	emen	t this	Period	
Purpose of Disbursement				00	\.d	- L		_					24.	94	
American Express Fee 12/20/06 Candidate Name			Ca	OC ate	gory/										
Office Sought: House Senate President State: District:	Disbursement F Prima Other		•				meri 06	car	і Ехр	ress	s Fee	12 /	/2-		
SUBTOTAL of Disbursements This Page (c	intional)												28.	98	
SOBTOTAL OF DISDUISMINING THIS Page (C	μισιαί)					. <u> </u>	-	-		·		-	-		
TOTAL This Period (last page this line num	ber only)				Þ	. [1	776.	J2	

S	CHEDULE B (FEC Form 3X)	· I I I I I I I I I I I I I I I I I I I				LINE NUMBER: PAGE 72 / 86								
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		theck onlock 21b 27	y one) 22 28a	X 23 28b	24 28c		25 29	26 30b			
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam										S			
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Politica					more corni								
۹.	Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown	Transaction ID: 25037873 Date of Disbursement												
	Mailing Address 2280 Kresge Drive Suite 800					111								
	City Amherst	State OH	Zip Code 44001			Amount of Each Disbursement this Period								
	Purpose of Disbursement 2006 Debt Retirement	11				5	000.0	00						
	Candidate Name Rep. Sherrod Brown	gory/ pe												
	Senate President X	ement For: Primary Other (spe	• . •			2006	2006 Debt Retirement							
3.	Full Name (Last, First, Middle Initial) Friends Of Baron Hill	PEDI NEIIIEI	Пеп				action ID:		00					
	Mailing Address P O Box 1071			^M 2	M / D C	5 / Y	ž	0 Ď 6	Y					
	City Seymour	State IN	Zip Code 47274			Amou	nt of Each	Disburse	ment	this F	Period			
	Purpose of Disbursement 2006 Primary Debit Retirement Candidate Name			01 Cate		2000.00								
	Senate President X	ement For: Primary Other (spe		Ту	pe	2006 Primary Debit Retirement								
Э.	Full Name (Last, First, Middle Initial) Tom Allen For Congress Committee					Date o	action ID: of Disburs	ement	99					
	Mailing Address P.O. Box 17766					^M 2	M / D C	5 / Y	ž	0 Ď 6	Y			
	City Portland	State ME	Zip Code 04112			Amou	nt of Each	Disburse			-			
	Purpose of Disbursement 2008 Primary Election			01		L.			. 1	500.0	00			
	Candidate Name Rep. Thomas H. Allen	Category/ Type												
		ement For: Primary Other (spe	2008 General			2008	Primary	Election						
s	UBTOTAL of Disbursements This Page (optional)				<u> </u>				85	500.0	00			
T	OTAL This Period (last page this line number only)			•									

SCHEDULE B (FECFOIIII 3X)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 73 / 86
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) American Optometric Association Politica	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial) A. Mark Pryor For Us Senate			Transaction ID: 25087101 Date of Disbursement 1 2 0 5 2 0 0 6
Mailing Address PO Box 2720			12 05 2006
City Little Rock	State Zip Code AR 72203		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Primary Election	Г	011	1000.00
Candidate Name Sen. Mark L. Pryor	C	Category/ Type	
• 🗎	ement For: 2008 Primary General Other (specify)		2008 Primary Election
Full Name (Last, First, Middle Initial) Friends Of John Barrow			Transaction ID: 25087178 Date of Disbursement
Mailing Address PO Box 8166			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 1 & 2 & M \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 & 0 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 0 \end{bmatrix}$
City Savannah	State Zip Code GA 31412		Amount of Each Disbursement this Period
Purpose of Disbursement 2004 Debt Relief		011	2500.00
Candidate Name Rep. John Barrow		Category/ Type	
Senate President	ement For: 2004 Primary General Other (specify)		2004 Debt Relief
Full Name (Last, First, Middle Initial) Democratic National Committee			Transaction ID: 25152255 Date of Disbursement
Mailing Address 430 South Capitol Stree	:, S.E		M2 M / D1 B / Y 2 0 0 6 Y
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution to National Party Committee		011	15000.00
Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		Contribution to National Party Committee
SUBTOTAL of Disbursements This Page (optional)			18500.00
TOTAL This Period (last page this line number only		•	

			rate schedule(s)				LINE I k only	NUMBE one)	:K:			LPA	GE	/4/	86
IT	EMIZED DISBURSEMENTS		ategory of the Summary Page		Ė	_	1b _	22 28a	Х	23 28b		24 28c		25 29	26
	y Information copied from such Reports and Stater														s
or	for commercial purposes, other than using the nam	e and address	s of any political	com	nm	iittee	to soli	cit conti	ribut	ions tr	rom s	sucn c	omn	nittee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Political	LAction Cor	mmittee												
L	7 interioral Optometrie 7.0000 autom 1 ontion	7100011 001	minico												
Α.	Full Name (Last, First, Middle Initial)										_	1522	48		
Α.	Whitehouse 06								of D м	isburs		nt	, · v	· · ·	V
	Mailing Address PO Box 40280							^M 2	IVI		1 3		2	οŏ	6
	City	State	Zip Code					Amou	ınt o	f Each	n Dis	burse	men	t this I	Period
	Providence	RI	02940									-	1	000.	00
	Purpose of Disbursement 2006 Debt Retirement				0	11				_	•	-		000.	00
	Candidate Name				_	egory	y /								
	Mr. Sheldon Whitehouse				T	ype									
	Office Sought: House Disburs	ement For: Primary	2006 General					2006	Del	ot Re	tirer	nent			
	23	Other (spec													
		ebt Retirem													
В.	Full Name (Last, First, Middle Initial)							Trans	sacti	ion ID	: 25	1631	80		
Ь.	Tom Allen For Congress Committee								_	isburs		nt	, , ,		V/
	Mailing Address P.O. Box 17766							^M 2	М	/ D	1 9	/ L	ž	o ŏ e	3 ^Y
	City Portland	State ME	Zip Code 04112					Amou	ınt o	f Each	n Dis	burse	men	t this I	Period
	Purpose of Disbursement		• • • • • • • • • • • • • • • • • • • •		-	_	\neg						3	3500.	00
	2008 Primary Election				_	11									
	Candidate Name Rep. Thomas H. Allen					egory ype	y/								
		ement For:	2008			,,,,		0000	D.:		- 1-	_4:			
		Primary	General					2008	Prii	nary	Ele	cuon			
	President State: ME District: 1	Other (spec	cify) 🔻												
	Full Name (Last, First, Middle Initial)							Tuona		ID	. OF	1893	01		
C.	Citizens For Harkin									isburs			2 I		
	Mailing Address P O Box 811							1 ^M 2	М	/ D	2 8	/ Y	ž	οŏ	S Y
	Mailing Address P O Box 811										- 0				
	City Des Moines	State IA	Zip Code 50304					Amou	ınt o	f Each	n Dis	burse	men	t this I	Period
	Purpose of Disbursement 2008 Primary Election				_	11	\neg						_ 1	000.	00
	Candidate Name				_	11 egory	/ /								
	Sen. Tom Harkin					ype	,								
	9 🗎	ement For:	2008					2008	Prir	mary	Ele	ction			
	X Senate X President	Other (spec	General							-					
	State: IA District: 2	_ 5 (opoc													
۹	UBTOTAL of Disbursements This Page (optional)						•						5	500.	00
۲	ODITIAL OF DISDUISEMENTS THIS FAGE (OPTIONAL)		•••••		••••	•	_	-	-	\Rightarrow	-		-	+	
Т	OTAL This Period (last page this line number only)					•	L.						_	

	LE B (I LCI OIIII 3X)		erate schedule(s)		(check o		JMBER:		L P.	AGE	/5 / 8	6
ITEMIZED	DISBURSEMENTS		category of the Summary Page		21b 27	<u></u>	´ –	X 23 28b	24 28c	\Box	25 29	26 30b
	n copied from such Reports and State											<u> </u>
	ial purposes, other than using the na	me and addres	ss of any political	COITII	millee lo	SOIICI	t CONTINO	ulions m	om such	COITIII	iiilee	
\	COMMITTEE (In Full) Optometric Association Politic	al Action Co	mmittee									
	Last, First, Middle Initial)						Transac	ction ID:	25337	145		
• DeWine f	or U.S. Senate							Disburse				
Mailing Add	lress Box 340188						1 ^M 2 M	[′] 3	B 1 /	ž	0 Ď 6	1
City		State	Zip Code				Amount	of Each	Disburs	ement	t this P	eriod
Columbus		ОН	43234							-1	0.000	0
	Disbursement Originally Reported 03/16/05				011		-				000.0	
Candidate I Mike DeV	Name			Ca	tegory/ ype	'						
Office Sou	ht: House Disbur	sement For:	2006			Π,	Void - I	ost Ori	iginally	Re-		
	χ Senate President	Primary X Other (spe	General				ported (03/16/0 Senat	iginally 5 - DeV e	Vine		
State: OH		Primary Ele				'	0.0.0.	Conac	•			
Full Name	Last, First, Middle Initial)						Transac	ction ID:	25337	 166		
3. DeWine f	or U.S. Senate							Disburse				
Mailing Add	lress Box 340188						1 ^M 2 ^M	/ D3	B 1 /	^Y ^Y 2	0 0 6	Y
City		State	Zip Code				Amount	of Each	Disburs	ement	t this P	eriod
Columbus	•	ОН	43234						• • •	_1	000.0	0
	Disbursement Originally Reported 06/08/05				011						000.0	0
Candidate I Mike DeV	Name			Ca	tegory/ ype							
Office Souç	X Senate President	sement For: Primary X Other (spe				ļ	Void - L ported (or U.S.	ost Ori 06/08/0 Senat	iginally 5- DeW e	Re- ine		
State: OH		Primary Ele	ctio									
_	Last, First, Middle Initial) ith Hart Inc							ction ID: Disburse	: 25337 ⁻ ement	142		
Mailing Add	lress P.O. Box 435						1 ^M 2 ^M	[/] 3	3 1 /	Ý Ž	0 0 6	Y
City Wexford		State PA	Zip Code 15090				Amount	of Each	Disburs	ement	t this P	eriod
	Disbursement				244					-1	0.000	0
Candidate I	Originally Reported 03/31/04 Name ssa A. Hart			Ca	011 tegory/ ype							
Office Soug		sement For: X Primary Other (spe	2004 General		<u> </u>	,	Void - L corted (Congre	ost Ori 03/31/0 ss	iginally 4 - Hari	Re- i For		
	of Disbursements This Page (optiona	l)			•	•				-31	0.000	0
	• • • • • • • • • • • • • • • • • • • •					-						
TOTAL This	Period (last page this line number on	y)			🕨	•						

	SHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		FOR LII (check (DWRFK	:	L P	AGE	76 / 8	6				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	Ĺ		X 23 28b	24 28c	П	25 29	ш.	26 80b			
	y Information copied from such Reports and Statem										5				
or	for commercial purposes, other than using the name	and address of any political	comr	nittee to	SOIIC	t contrib	utions tro	om sucn	comr	nittee					
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Committee													
	Full Name (Last, First, Middle Initial)					Transa	ction ID:	: 25337 ⁻	112						
٩.	Jd Hayworth For Congress						Disburse								
	Mailing Address 14300 N. Northsight Blvd	. #105				1 ^M 2 M	[/] 3	3 1 /	ž	0 Ď 6	Y				
		State Zip Code				Amount	of Each	Disburs	emen	t this P	eriod	_			
		AZ 85260							-1	000.0	0	1			
	Purpose of Disbursement Void - Lost Originally Reported 10/29/20)11	Ш							1			
	Candidate Name J Hayworth			egory/ ype											
	Office Sought: X House Disburse Senate President	ment For: 2004 Primary X General Other (specify)				Void - I ported Haywo	ost Ori 10/29/2 th For	iginally 2004 - J Congre	Re- D ss						
	State: AZ District: 6											_			
3.	Full Name (Last, First, Middle Initial) Friends for Houghton				Transaction ID: 25337128 Date of Disbursement										
					M M / D D / Y Y Y Y										
	Mailing Address P O Box 1107					1 2	3	3 1	2	006					
	,	State Zip Code NY 14830				Amount	of Each	Disburs	emen	t this P	eriod				
	Purpose of Disbursement	1.000			_				-1	000.0	0				
	Void - Lost- Originally Reported 06/20/0)11											
	Candidate Name Amo Houghton			egory/ ype											
	President	ment For: 2002 Primary General Other (specify)				Void - I Reporte for Hou	ost- Oied 06/20 ghton-	riginally 0/01 -Fi	riend	s					
	State: NY District: 31 Full Name (Last, First, Middle Initial)														
Э.	Akaka In 2006					Date of	Disburse				_				
	Mailing Address C/O 904 Nana Honua Str	eet				1 2 M	[/] 3	31/	ž	0 Ď 6	Y				
	,	State Zip Code HI 96825				Amount	of Each	Disburs	emen	t this P	eriod	_			
	Purpose of Disbursement Void - Lost Originally Reported 11/10/20)11					-1	0.000	0				
	Candidate Name Sen. Daniel Kahikina Akaka		Cat	egory/ ype											
	Office Sought: House Disburse	ment For: 2006			1.	ا امادا	net Ori	iginally	Ro						
	X Senate	Primary General				ported	11/10/2	2005 - A	kaka	ı					
		Other (specify) ▼ imary Electio				III 2000	•								
	'	•					•			000.0	•	-			
S	UBTOTAL of Disbursements This Page (optional) .			•	<u>-</u>				-3	0.000	U .	1			
T	OTAL This Period (last page this line number only)			•	•										

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		LINE I k only	one) NUMBEH	⊀:	L P.	AGE	///8	<u> </u>
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l è	1b Ć	22 [28a	X 23 28b	24 28c	П	25 29	26 30k
Any Information copied from such Reports and State or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)	ic and address of any political (Johnnillee	10 20II	on contin	DutiOHS III	om Sucil	COMM	CC	
American Optometric Association Politica	Action Committee								
Full Name (Last, First, Middle Initial)					action ID:		427		
• Brady For Congress					f Disburs		v ° v		V
Mailing Address P.O. Box 8277				1 ^M 2 ^N	"] ′ ້3	B 1 /	2	0 Ď 6	
City The Woodlands	State Zip Code TX 77387			Amour	nt of Each	Disburs	ement	this P	eriod
Purpose of Disbursement			\neg				-1	0.00	0
Void - Lost Originally Reported 09/28/20 Candidate Name		011 Category	,/						
Rep. Kevin Brady		Type	´						
Office Sought: X House Disburs Senate President	ement For: 2004 Primary X General Other (specify)			Void - ported Brady	Lost Ori 09/28/2 for Cong	iginally 2004 - K	Re- evin		
State: TX District: 8	Other (specify)			Diady	101 0011	gi 033			
Full Name (Last, First, Middle Initial)				Transa	action ID:	: 25337	137		
Hoosiers Supporting Buyer For Congress				Date o	f Disburs				
Mailing Address 200 North Main St. P.C	. Box 712			1 ^M 2 N	/ 3	31/	ž	0 Ď 6	Y
City Monticello	State Zip Code IN 47960			Amour	nt of Each	Disburs			
Purpose of Disbursement Void - Lost Originally Reported 08/12/03		011					-2	500.0	0
Candidate Name Rep. Steve Buyer		Category Type	"/						
Senate President	ement For: 2004 Primary General Other (specify)			Void - ported for Co	Lost Ori 08/12/0 ngress	iginally 13 - Buy	Re- er		
State: IN District: 4									
Full Name (Last, First, Middle Initial) Crane For Congress Committee				Date o	f Disburs	ement			
Mailing Address 6302 Massachusetts Av	е			12	/ D3	3 1 /	ž	0 ŏ 6	Y
City Bethesda	State Zip Code MD 20816			Amour	nt of Each	Disburs	ement	this P	eriod
Purpose of Disbursement Void - Lost Originally Reported 10/08/20		011					-1	0.00	0
Candidate Name Mr. Philip Crane		Category Type	/						
Office Sought: X House Disburs Senate President State: MD District: 8	ement For: 2002 Primary X General Other (specify)			Void - ported for Co	Lost Ori 10/08/2 ngress (iginally 2002 - C Commiti	Re- trane tee		
SUBTOTAL of Disbursements This Page (optional)			>				-4	500.0	0
TOTAL This Period (last page this line number only	1		→						•
	,		-				_		

	SHEDOLL B (I LCI OIIII 3X)		erate schedule(s)				.INE N : only (IUMBE	H:			_ P/	AGE	/8/	86
IT	EMIZED DISBURSEMENTS		category of the Summary Page		Ė	21	b Ĺ	22 28a	X	23 28b	П	24 28c	F	25 29	26 30b
	y Information copied from such Reports and Staten														ns
or	for commercial purposes, other than using the nam	e and addre	ess of any politica	ı com	ım	iittee i	o solic	onti	ibut	ons tr	om s	sucn	comr	nittee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Co	ommittee												
L	American Optometric Association i dittical	Action Co	Jillillillee												
Α.	Full Name (Last, First, Middle Initial)									on ID:			118		
Α.	Inslee For Congress								of Di	isburs		nt	V • V	· · · ·	V
	Mailing Address PO Box 33027							1 ^M 2	IVI	່້	3 ^D	ľL	' <u>2</u>	οŏ	6
	City	State	Zip Code					Amou	int o	f Each	ı Dis	burse	emen	t this	Period
	Seattle	WA	98133										_1	1000.	00
	Purpose of Disbursement Void - Lost Originally Reported 10/28/20				0	11	1		•	_	-	-		.000.	00
	Candidate Name				_	egory/	-								
	Rep. Jay Inslee				T	/pe									
	Office Sought: X House Disburse Senate	Primary	2006 General					Void -	Lo	st Or	igin	ally	Re-		
		Other (spe						Void - ported Inslee	for	Con	gres	5 - Ja SS	ay		
	State: WA District: 1 2006 P	rimary Ele	ectio												
В.	Full Name (Last, First, Middle Initial)									on ID:	_		117		
Ь.	Istook For Congress								_	isburs		nt	V • V	, . V	V
	Mailing Address 712 N Broadway Avenue 3501 N.W. 63rd Street S							1 ^M 2	М	[/] 3	3 1	Ľ	ž	οŏ	6 [*]
	City Oklahama City	State OK	Zip Code					Amou	int o	f Each	ı Dis	burse	emen	t this	Period
	Oklahoma City Purpose of Disbursement	UK	73102		_								-1	1000.	00
	Void - Lost Originally Reported 06/28/20				0	11		-					-		
	Candidate Name					egory/									
	Rep. Ernest J. Istook, Jr.	ement For:	0000		T	/pe									
	Office Sought: X House Disburse Senate	Primary	2006 General					Void -	- Lo	st Ori	igin	ally l	Re-		
		Other (spe	ecify) 🔻					for Co	ongi	ess	.000) - IS	itoon	•	
		rimary Ele	ectio												
C.	Full Name (Last, First, Middle Initial) Johnson For Congress Committee									on ID:			138		
								M	M	/ D	D	/	YYY	0 ŏ	C Y
	Mailing Address P. O. Box 1986							1 2			3 1		. 2	0 0	0
	City New Britain	State CT	Zip Code 06050					Amou	int o	f Each	ı Dis	burse	emen	t this	Period
	Purpose of Disbursement Void - Originally Reported 02/13/03 - Na				٥	11	7						-1	1000.	00
	Candidate Name				_	egory/	-								
	Nancy Johnson				T	/pe									
	X	ement For:	2004					Void -	Or	iginal	lly F	Зеро	rted		
	Senate X President	Primary Other (spe	General ecify)					Void - 02/13 for Co	/03 ongi	- Nar ress	ıcy	Jóhr	nson	l	
	State: CT District: 6	: » (> P	<i>3</i> / ▼						J						
s	UBTOTAL of Disbursements This Page (optional)						>		•		-		-3	000.	00
							<u>-</u>	-	<u></u>	=	=		-	-	
T	OTAL This Period (last page this line number only)										_				

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only	NUMBER:		PAGE	79 / 86	<u> </u>
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 24 28b 28	4 Bc	25 29	26 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name							
 NAME OF COMMITTEE (In Full) 	and address of any political col	THITIILLEE TO SO	iicit contribut	IONS HOM SUC	III COIIIII	iiilee	
American Optometric Association Political	Action Committee						
Full Name (Last, First, Middle Initial)			Transacti	on ID: 2533	7158		
A. Johnson For Congress Committee				isbursement			
Mailing Address P. O. Box 1986			12	31	, ż	0 0 6	
	State Zip Code CT 06050		Amount o	f Each Disbu	rsement	this Pe	eriod
Purpose of Disbursement					-1	000.00	כ
Void - Lost - Originally Reported - 07/0		011					
Candidate Name Nancy Johnson		Category/ Type					
Office Sought: X House Disburse			Void - Lo	st - Origina	lly		
Senate President	Primary X General Other (specify) ▼		Reported	7-07/05/02			
State: CT District: 6	(1), •						
Full Name (Last, First, Middle Initial)				on ID: 2533	7134		
Lampson for Congress				isbursement	V V	· // · /	
Mailing Address P O Box 21578			12	31	, ż	0 0 6	
,	State Zip Code FX 77720		Amount o	f Each Disbu	rsement	this Pe	eriod
Purpose of Disbursement	Г				-1	000.00)
Void - Lost Originally Reported 09/26/02 Candidate Name		011 Category/					
Nick Lampson		Type					
Office Sought: X House Disburser Senate	nent For: 2002 Primary X General		Void - Lo	st Originall 9/26/02 -Lai	y Re-		
President	Other (specify)		for Cong	ress	прооп		
State: TX District: 9							
Full Name (Last, First, Middle Initial) Oxley For Congress				on ID: 2533 isbursement	7107		
Mailing Address PO Box 2006			12	31	y y	0 0 6	(
,	State Zip Code OH 45839		Amount o	f Each Disbu	rsement	this Pe	eriod
Purpose of Disbursement Void - Lost Originally Reported 10/12/20	Г	011			-1	500.00)
Candidate Name Rep. Michael G. Oxley		Category/ Type					
Office Sought: X House Disburse			Void - Lo	st Originall	v Re-		
Senate President	Primary X General Other (specify) ▼		ported 10 for Cong	st Originall)/12/2004 - ress	Oxley		
State: OH District: 4							
SUBTOTAL of Disbursements This Page (optional))			-35	500.00	
TOTAL This Period (last page this line number only)							

S	CHEDULE B (FEC Form 3X)	Use sene	erate schedule(s)		FOR LINE		R:	P/	AGE	80 / 8	36				
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		(check onlock) 21b 27	22 28a	X 23 28b	24 28c	Н	25 29	26 30b				
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam										s				
\	NAME OF COMMITTEE (In Full)	TO GITA GAGITO	oo or arry portious			511011 001111									
\rangle	American Optometric Association Politica	I Action Co	ommittee												
_	Full Name (Last, First, Middle Initial)							: 253371	39						
٦.	Pascrell For Congress Inc.						of Disburs		/ · Y	ν,	Y				
	Mailing Address Pob 640					1 ^M 2		31	2	οŏε	5				
	City Totowa	State NJ	Zip Code 07511			Amou	int of Each	Disburse	men	t this F	Period				
	Purpose of Disbursement					L.				500.0	00				
	Void - Lost Originally Reported 11/21/03 Candidate Name			_	011 ategory/										
	Rep. William J. Pascrell, Jr.				Туре										
		ement For: Primary Other (spe	2004 General			Void - Lost Originally Reported 11/21/03 - Pascrell for Congress									
	State: NJ District: 8														
3.	Full Name (Last, First, Middle Initial) Portman For Congress Committee					Transaction ID: 25337135 Date of Disbursement									
	Mailing Address P.O. Box 550					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$									
	City	State	Zip Code			Amou	int of Each	n Disburse	men	t this F	Period				
	Milford	OH	45150												
	Purpose of Disbursement Void - Lost Originally Reported 10/07/02				011	-2500.00									
	Candidate Name Mr. Robert Portman				ategory/ Type										
	Senate President	ement For: Primary Other (spe	2002 X General ecify) ▼			Void - Lost Originally Re- ported 10/07/02 - Portman For Congress Committee									
	State: OH District: 2 Full Name (Last, First, Middle Initial)														
Э.	Pryce For Congress					Date	of Disburs								
	Mailing Address 145 E. Rich Street					1 2	M / D;	3 1	ž	οŏε	5 ^Y				
	City Columbus	State OH	Zip Code 43215			Amou	int of Each	n Disburse	men	t this F	Period				
	Purpose of Disbursement Void - Lost Originally Reported 09/24/20				011	L.			-2	2000.0	00				
	Candidate Name Rep. Deborah Pryce			Ca	ategory/ Type										
	Office Sought: X House Senate President State: OH District: 15	ement For: Primary Other (spe	2004 X General ecify)			ported	Lost Ord 09/24/2 ongress	iginally F 2004 -Pry	Re- /ce						
S	UBTOTAL of Disbursements This Page (optional)				▶		•	• •	-5	000.0	00				
	,					-	• •		-						
T	OTAL This Period (last page this line number only)			🕨	L.									

	STILDOLL B (I LOT OTHI 3X)	Use seperate sch			-OR LIN check o		JMBEK:		L P	AGE	81 / 8	6	_
Τ	EMIZED DISBURSEMENTS	for each category Detailed Summar			21b 27		´ —	23 28b	24 28c	Н	25 29	26	
	y Information copied from such Reports and Statemers or commercial purposes, other than using the name												
UI I	NAME OF COMMITTEE (In Full)	and address of all	y pontical co	71 11 11 f	iillee lo	JUIICI	CONTINUE	JU 6110114	JIII SUUII	COITIII	iiiiee		_
	American Optometric Association Political	Action Committe	ee										
	Full Name (Last, First, Middle Initial)						Transac	tion ID:	25337 ⁻	123			
۹.	Rogers For Congress						Date of			.,,			
	Mailing Address Post Office Box 581						1 ^M 2 M	[′] 3	1 /	Ż	0 Ď 6		
	,	State Zip Co					Amount	of Each	Disburs	emen	t this P	eriod	
	Brighton Purpose of Disbursement	MI 4811	b _					•		-1	000.0	0	
	Void - Lost Orignially Reported 02/09/20			0	11		-			-			
	Candidate Name Rep. Michael J. Rogers				egory/ ype								
	Office Sought: X House Disburser Senate	Primary	006 General			l	oorted ()2/09/2	gnially 006 - R	Re- loger	s		
		Other (specify) ▼ imary Electio	•				or Cor	igress					
	Full Name (Last, First, Middle Initial)	inary Liectio				+.	T	Alam ID.	05007	1.40			_
3.	Stupak For Congress						Date of		25337 ⁻ ement		Υ	Υ	
	Mailing Address 817 Ninth Avenue P.O. B PO Box 143						12	3	1	2	0 Ď 6		
	,	State Zip Co MI 4985					Amount	of Each	Disburs				
	Purpose of Disbursement Void - Lost Originally Reported 10/20/04		I	0	11					-1	000.0	U	
	Candidate Name Rep. Bart Stupak			Cat	egory/								
	Office Sought: X House Senate President State: MI District: 1		004 General			į į	Void - L ported 1 upak fo	ost Ori 10/20/0 r Congi	ginally 4 - Bart ress	Re- St-			
	Full Name (Last, First, Middle Initial)					١.	Transac	tion ID:	25337 ⁻	143			_
Э.	Bill Thomas Campaign Committee						Date of			0			
	Mailing Address PO Box 395						1 2 M	[′] 3	1 /	Ý ž	0 0 6	Y	
	,	State Zip Co					Amount	of Each	Disburs	emen	t this P	eriod	_
	Purpose of Disbursement Void - Lost Originally Reported 09/28/04		Г	0	11					-1	000.0	0	
	Candidate Name Mr. William Thomas			Cat	egory/ ype								
	Office Sought: X House Senate President State: CA District: 21		004 General			, t	/oid - L ported (nas Ca	ost Ori)9/28/0 mpaigr	ginally 4 -Bill 1 1 Comn	Re- Tho- nittee)		
SI	UBTOTAL of Disbursements This Page (optional)				. •					-3	0.000	0	_
т,	OTAL This Period (last page this line number only)				. •								
.,	VIAL THIS I CHOU (last page this line number only)			•••••						_		-	1

SCHEBOLL B (I LOT OTHI 5X)	Use seperate schedule(s)		NE NUM only one)			[P	AGE	82 / 80	<u> </u>
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	<u></u>	2 X	23 28b	24 28c	R	25 29	26 30
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									
	and address of any political col	mmillee ic	SOIICIL CO	JIIIIIDU	lions irc	JIII SUCII	COITIII	iillee	
NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Committee								
Full Name (Last, First, Middle Initial)			Tra	ansact	ion ID:	253371	108		
Committe To Re-Elect Ed Towns					isburse		.,,		
Mailing Address 438 Lewis Avenue				2 ^M	[′] 3	1 /	ž	0 ŏ 6	Y
•	State Zip Code		An	nount c	of Each	Disburse	ement	this P	eriod
	NY 11233		— [-		-1	0.00	0
Purpose of Disbursement Void - Lost Originally Reported 10/20/20		011						000.0	
Candidate Name Rep. Edolphus Towns		Category/ Type	'						
Office Sought: X House Disbursel	Primary X General		Vo	id - Lo	ost Ori 0/ <u>2</u> 0/2	ginally 004 - C Ed To	Re- omm	i-	
State: NY District: 10	Other (specify)		ııe	10 K	e-⊑ieci	E0 10	wns		
Full Name (Last, First, Middle Initial)			T		ID.	050074	100		
3. Tom Feeney For Congress			Da		isburse	253371 ement		ν.	Y
Mailing Address 1420 Alafaya Trail #103			1	2 "	3	1	2	0 Ď 6	
	State Zip Code FL 32765		An	nount o	of Each	Disburse			
Purpose of Disbursement Void - Lost - Originally Reported 11/08/		011		•		•	-	500.0	0
Candidate Name Rep. Tom Feeney		Category/ Type							
President	nent For: 2002 Primary General Other (specify)		Vo Re Fed	id - Lo porteo eney (ost - O d 11/08 Congre	riginally 3/01 - T essiona ttee	/ om I Exp	 -	
State: FL District: 24			010	uoi y					
Full Name (Last, First, Middle Initial) Tom Feeney For Congress					isburse	253371 ement	131		
Mailing Address 1420 Alafaya Trail #103				2	[′] 3	1 /	ž	0 ŏ 6	Y
•	State Zip Code FL 32765		An	nount o	of Each	Disburs	ement	this Po	eriod
Purpose of Disbursement Void - Lost - Originally Reproted 11/28/	Γ	011	ī L		-		-:	500.0	0
Candidate Name Rep. Tom Feeney		Category/ Type							
Office Sought: X House Senate President State: FL District: 24	nent For: 2002 Primary General Other (specify)		Re	proted ev Co	ost - O d 11/28 ngress mmitte	riginally 3/01 -To ional E ee	/ om Fe xplor	9 - -	
SUBTOTAL of Disbursements This Page (optional)		<u> </u>					-20	0.00	0
TOTAL This Period (last page this line number only)									

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check or	E NUMBER alv one)		PA	GE 83	86	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27		X 23 [28b	24 28c	25 29	П	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name								
 NAME OF COMMITTEE (In Full) 	and address of any political co	minintee to S	Oncit COLITIED	uti0115 110	iii sucii C	OHIHILLEE	-	
American Optometric Association Political	Action Committee							
Full Name (Last, First, Middle Initial)			Transa	ction ID:	2533717	70		
Tom Feeney For Congress				Disburse		* \/ * \/	. V	
Mailing Address 1420 Alafaya Trail #103			12 M	[/] ^D 3	1 ' '	žoŏ	6	
	State Zip Code		Amount	of Each	Disburse	ment this	Perio	d
	FL 32765		-			-500	.00	
Purpose of Disbursement Void - Lost Originally Reported 11/28/01		011						
Candidate Name Rep. Tom Feeney	C	Category/ Type						
Office Sought: X House Disburser Senate X	nent For: 2002 Primary General		Void - L	ost Orio	ginally F I - <u>To</u> m	le- Fee-		
President	Other (specify)		ney Co	ngressic mmittee	nal Exp	lora-		
State: FL District: 24			,					
Full Name (Last, First, Middle Initial) Tim Murphy For Congress				ction ID: Disburse	2533589 ment	94		
Mailing Address PO Box 24551			1 2 M	[/] 3	D / Y	žoŏ	6 ^Y	
•	State Zip Code		Amount	of Each	Disburse	ment this	Perio	
	PA 15234					-1000	00	
Purpose of Disbursement Void - Lost Originally Reported 10/07/20		011	-			1000	.00	
Candidate Name Rep. Tim F. Murphy		Category/ Type						
Office Sought: X House Disbursel	nent For: 2002 Primary X General		Void - L	ost Orig	ginally F 002 -Tim	Re-		
President	Other (specify) ▼		rphy for	Congre	ess	ı ıvıu-		
State: PA District: 18								
Full Name (Last, First, Middle Initial) Denise Majette For Senate				ction ID: Disburse	2533710 ment	36		
Mailing Address P O Box 2318			12	[/] ^D 3	1 / Y	ž 0 0	6 ^Y	
,	State Zip Code		Amount	of Each	Disburse	ment this	Perio	
	GA 30086			• • •		-1500	00	
Purpose of Disbursement Void -Lost Originally Reported 08/29/03	IΓ	011				1300	.00	
Candidate Name Denise Majette		Category/ Type						
Office Sought: X House Disburse			Void -L	ost Oria	inally R	ep-		
President	Primary General Other (specify) ▼		orted 0	3/29/03 gress	inally Ro - Majetto	e		
State: GA District: 2								
SUBTOTAL of Disbursements This Page (optional)		>				-3000	.00	
TOTAL This Period (last page this line number only)		•						

	SHEDOLL B (I LOT OHII 3A)	Use seperate				OR LINI check on	= NUMBI	=H:			PAG	= 84 /	86
IT	EMIZED DISBURSEMENTS	for each cate Detailed Sum			Ë	21b 27	22 28a	Х	23 28b	$\mathbf{\Box}$	24 28c	25 29	26 30b
	y Information copied from such Reports and Stater												าร
or	for commercial purposes, other than using the name	e and address o	t any political	com	m	ttee to s	olicit con	ribut	ions tr	om s	ucn con	nmittee	
$ \rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politica	LAction Comm	nittoo										
\mathbb{Z}	American Optometric Association i ontica	i Action Comm	iittee										
^	Full Name (Last, First, Middle Initial)						Tran	sact	ion ID:	: 253	37140		
Α.	CARE PAC								isburs			V V	V
	Mailing Address 228 S. Washington Stre Suite 340	et					1 ^M 2	М	[/] 3	3 1	/ L	ž 0 ŏ	6 [*]
	City		p Code				Amo	unt o	f Each	Disk	urseme	nt this	Period
	Alexandria	VA 2	2314 								-	-1000	00
	Purpose of Disbursement Void - Lost Originally Reported 12/04/03				0.	11		_	-	-		1000	.00
	Candidate Name					gory/							
						pe							
		ement For:					Void	- Lo	st Or	igina	lly Re- CARE		
	Senate President	Other (specify)	General				porte	ed 12	2/04/0)3 - (CARE	PAC	
	State: District:	_ Other (speeny)	/ ▼										
	Full Name (Last, First, Middle Initial)						Tran	sact	ion ID:	: 253	37114		
В.	Carnahan In Congress								isburs		-		
	Mailing Address 7370 Manchester Rd Ste	e 20					1 ^M 2	М	[/] 3	3 1	/ Y	ž 0 ŏ	6 ^Y
	011	01-1- 7'	. 0 - 1 -							D: 1			.
	City St. Louis		p Code 3143				Amo	unt o	f Each	Dist	urseme	ent this	Period
	Purpose of Disbursement				U	-	t L.					-1000	00
	Void - Lost Originally Reported 05/20/20				Ô.								
	Candidate Name Rep. Russ Carnahan					gory/ pe							
	·	ement For:	2006		. у	pc	 						
	Senate	Primary	General				Void	- Lo d 05	st Or 5/20/2	igina 2005	Illy Re-	3	
		Other (specify)					Carn	aha	n In C	Cong	ress C	omm-	
	State: MO District: 3 2006 F Full Name (Last, First, Middle Initial)	rimary Electio)										
C.	Carole Green For Congress								i on ID : isburs		36374 †		
							М	М	/ D	D		ž 0 ŏ	o Y
	Mailing Address 5260 S Landings Drive #	‡ 1601					1 2		3	3 1		200	0
	City Fort Myers		p Code 3919				Amo	unt o	f Each	n Disk	urseme	ent this	Period
	Purpose of Disbursement Void - Lost Originally Report 04/28/2004			Т	<u> </u>		1 L.					-2000	00
	Candidate Name				οte	gory/							
	Carole Green					pe pe							
		ement For:	2004				Void	- I o	st Or	iaina	ıllv Re		
		Primary	General				port	04/2	8/200)4 - (lly Re- Carole ss		
	President State: FL District: 14	Other (specify)) ▼				Gree	11 F(JI 001	igi e	00		
Г	5.6						<u> </u>						
s	UBTOTAL of Disbursements This Page (optional)						L.	_				4000.	00
	OTAL This Period (last page this line number only)				•					_	1500.	00
		,				-		_	_				

Image# 27940120734

S	CHEDULE B (FEC Form 3X)	Llaa aana	Use seperate schedule(s)			FOR LINE NUMBER:					PAGE			
ıT	EMIZED DISBURSEMENTS	for each o	for each category of the		heck or	ıly o	y one)							
	LIMIZED DISDONSEMENTS		Summary Page		21b		22	23		24		25		26
					27	Х	28a	28b		28c		29		30b
	y Information copied from such Reports and S for commercial purposes, other than using the												IS	
$\overline{}$	NAME OF COMMITTEE (In Full)													
\rangle	American Optometric Association Po	litical Action Co	mmittee											
	Full Name (Last, First, Middle Initial)						Transa	ction I	D: 25	3298	89			
۹.	Dr Joseph H Phillips						Disbu							
	Mailing Address 13308 Cedar Trail						^M 2 ^M	/ [0 3	/ Y	ž	0 0 6	3 ^Y	
	City Oklahoma City	State OK	Zip Code 73131				Amour	t of Ead	h Di	sburse	men	t this I	Perio	od
	Purpose of Disbursement Refund originally reported 9/18/06			01	0							500.	00	
	Candidate Name			Cateo Typ										
	Office Sought: House Dis	sbursement For:				Refund originally report				tod.				
	Senate	Primary	General				9/18/0	i origii S	iaily	repor	ıeu			
	President	Other (spe	cify)											
	State: District:													

		500.00
SUBTOTAL of Disbursements This Page (optional)	>	500.00
TOTAL This Period (last page this line number only)	•	500.00

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			NUMBER:	PAGE	PAGE 86/86				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		ck only 21b 27	one) 22 23 2 28a 28b	24 28c X	25 29	26 30b			
	y Information copied from such Reports and Stator for commercial purposes, other than using the na										
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
	American Optometric Association Politic	cal Action Committee									
١.	Full Name (Last, First, Middle Initial) Kentucky State Democratic Party Comm	nittee			Transaction ID: 25 Date of Disburseme	ent	V * \	7			
	Mailing Address P O Box 694				1 2 M / 3 1 / Y 2 0 0 6						
	City Frankfort	State Zip Code KY 40602			Amount of Each Dis			-			
	Purpose of Disbursement Void -Lost Originally Reported 09/24/02		011			-2	500.00	0			
	Candidate Name		Categor Type	y/							
	Senate President	rsement For: Primary General Other (specify)			Void -Lost Origina orted 09/24/02 - k State Democratic mmittee	ally Rep- (entucky Party Co	-				
	State: District: I										

SUBTOTAL of Disbursements This Page (optional)		-2500.00
SOBIOTAL of Disbursements This Fage (optional)		
TOTAL This Period (last page this line number only)	—	-2500.00